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ABSTRACT

The report presents Mississippi's plan for delivering education and related services to blind and visually handicapped students. An introduction reviews the development of the report based on the work of five task forces. The task forces' reports focus on the following topics and include recommendations for state action (sample subtopics in parentheses): (1) search, evaluation, and placement (identification and assessment, visual acuity screening, aids and appliances); (2) educational services for preschool through high school (multiply handicapped visually impaired children, Mississippi School for the Blind); (3) postsecondary programs (survey results); (4) professional preparation (teacher training, orientation and mobility instructor training, problems in teacher availability/preparation, specific manpower needs in the professional fields); and (5) community services (housing, leisure activities, orientation and mobility, transportation, advocacy/legal concerns). An epilogue suggests the need for new legislation and for changed regulations and policy to implement some of the recommendations. (CL)

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A COMPREHENSIVE PLAN FOR DELIVERY OF EDUCATIONAL AND RELATED SERVICES FOR BLIND AND VISUALLY IMPAIRED CHILDREN

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Governor's Office of Federal-State Programs
Jackson, Mississippi
July, 1985

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A COMPREHENSIVE PLAN FOR DELIVERY OF EDUCATIONAL AND RELATED SERVICES FOR BLIND AND VISUALLY IMPAIRED CHILDREN

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Prepared by

Mississippi Research and Training Center
for the Handicapped
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James W. Mann
Project Director and Editor

EC 180571

STATE OF MISSISSIPPI
OFFICE OF THE GOVERNOR
JACKSON 39205

BILL ALLAIN
GOVERNOR

POST OFFICE BOX 139

April 10, 1985

Members of the Mississippi Legislature
Members of the Board of Trustees of the
Mississippi School for the Blind
Members of the Board of Trustees of the
Mississippi State Department of Education

Citizens of Mississippi:

In 1983, a study of educational and related services to blind and visually handicapped children was commissioned by the Governor's office. It requested, in part, that a comprehensive statewide plan be developed for children in Mississippi who are blind and visually impaired. Dr. James Mann of the University of Mississippi was contracted to direct the study. During the past year, fifty-six (56) dedicated citizens have met frequently, conducted research, and compiled the first comprehensive statewide plan of needed educational and related services. I congratulate these Task Force members and Dr. Mann for their diligence in the development of a workable, far-sighted blueprint for the future.

I hope this report will further public and legislative awareness about the educational and related needs of children who are blind and visually handicapped. I would like to challenge all Mississippians to study the recommendations and work cooperatively in every reasonable way to implement the changes.

Finally, the Governor's office has a continuing interest in this plan and offers its resources to the Board of Trustees and other groups concerning the implementations of recommendations submitted by these outstanding Task Force members.

Respectfully,

Bill Allain

BILL ALLAIN,
GOVERNOR

BA/mg

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PREFACE

The first section of this report is an introduction including a very brief overview of the entire project. From a review of this section of the report, the reader can get a basic understanding of the planning procedures and the legal and educational factors that were considered by Task Force members. The reader can then turn to the chapters representing each area of concentration of each Task Force for details and recommendations. The five areas of concentration of this study are:

1. Search, evaluation, and placement,
2. Educational services--preschool through high school,
3. Post secondary,
4. Professional preparation, and
5. Community services.

Subsequently, there is an epilogue that proposes future reassessment and a plan for implementation of the committee's recommendations, followed by a section on the sources of information consulted.

It was necessary to gather considerable information for a statewide data base necessary for the evaluation and planning process utilized by Task Force members. A few of

the questionnaires and findings are reported in the appendices. However, due to space limitations only examples could be included. We do believe that such data gathering instruments and our approach to statewide planning will be of value to other agencies that seek to improve their educational and related services.

The Task Force and Executive Committee members are of extreme importance in the years ahead. They must be active and vigilant participants in the implementation of the final plan. These many Mississippians who participated in the planning of this project must be determined that this shall not just become a reference report, but a document for action.

One word of caution is in order. This plan, however soundly conceived, can serve only as a point of departure. Many specific concerns and excellent suggestions made by Task Force members and others are not fully spelled out in this report. Many details and methods for implementation must yet emerge. These recommendations herein offer a set of goals and a blueprint for progress.

Finally, it is inevitable that a report of this nature will focus upon the gaps, the needs, and the tasks that lie ahead--that is its function. Yet it is equally true that many excellent programs of services already exist in Mississippi. A number of these programs are matchless, without peers in other states, and it is precisely these

strengths that must be built upon to continue to improve the education and related services to visually impaired children.

ACKNOWLEDGEMENTS

This Statewide Comprehensive Plan for the delivery of education and related services to blind and visually handicapped children in Mississippi is the work of a large number of people. It is impossible to mention all the individuals who assisted in this project.

Special thanks are due the fifty-six (56) Task Force and Executive Committee members who volunteered to serve on various committees while developing this plan for the future direction of education and related services to children in Mississippi who are blind and visually handicapped. These individuals are truly the authors of this plan.

Ms. Billie Jean Hill, who served as our full-time facilitator throughout the course of this study, was most competent and effective. Her constant attention to details enabled the work of the Task Force members to be accomplished with great facility and accuracy.

Equal gratitude is expressed to Mr. O. E. Catledge (Southeastern Regional Consultant of the American Foundation for the Blind), who served as the review director of this study. Mr. Catledge devoted considerable time and attention to the review.

My sincere appreciation is also offered to Dr. Randall Harley, Professor at Vanderbilt University, who served as an independent consultant to this project.

Special thanks are also extended to members of the Board of Trustees of the Mississippi School for the Blind for their full cooperation and financial support of this plan. This plan would never have materialized without their aid and assistance.

I would like personally to thank the administrators of the University of Mississippi who contributed my time and their resources to its success and Dr. Larry Tyler and Dr. Lynn Murchison for their able advice throughout the course of this study.

Finally, appreciation is expressed to many individuals whose efforts provided me with accurate information enabling this plan to become a more useful blueprint for the planning of future educational and related services to blind and visually impaired children in our state.

James W. Mann
Project Director and Editor
University of Mississippi

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CHAPTER 1

INTRODUCTION

The beginning of Mississippi's special education services for all exceptional children can be traced to 1846, at which time James Champlin of Sharon requested support from the legislature for the education of blind children. Challenged by the legislators to seek private funds for his project, he and interested associates built a frame house on North State Street in Jackson and started a school in 1847. In 1848, the state legislature formally established a residential school, the Mississippi Institute for the Blind, currently known as the Mississippi School for the Blind.

The American Printing House for the Blind since 1879 has provided braille textbooks and other materials to the Mississippi School for the Blind. In 1958, The American Printing House for the Blind extended its services to students in public school districts of Mississippi.

Three blind students were enrolled in the state's public day schools by 1958. This number grew to twenty-three legally blind students who received special services in public schools in 1967. Since the 1960s, the number of visually handicapped children and youth served in public

school districts has increased rapidly; and at present, approximately 60 percent of the visually handicapped school-age population attend their own neighborhood community schools. Currently, 25 percent of these children attend the Mississippi School for the Blind.

On November 29, 1975, Public Law 94-142, Education for All Handicapped Children Act of 1975, was signed by President Gerald Ford. This federal law mandates certain procedures and policies to be carried out by the various states to insure a free and appropriate education for all handicapped children. This, of course, included visually impaired children.

In 1983, the Mississippi Board of Trustees for the School for the Blind was charged by Governor William Winter with the responsibility of developing a comprehensive statewide plan for the delivery of services for blind and visually impaired children in Mississippi. The charge reads in part, as follows:

> Pursuant to the authority vested in me under the constitution and applicable statutes of the State of Mississippi, and in the public interest, I hereby request the Board of Trustees develop a statewide comprehensive plan for children in Mississippi who are blind and visually impaired. . . . It shall be the duty of every department, agency, office and institution to cooperate with and assist the Board of Trustees in every reasonable way.

Subsequently, the University of Mississippi was contracted to conduct this study with Dr. James W. Mann serving as project director.

In Mississippi, the State School for the Blind is administered by a board of trustees, the members of whom are appointed by the Governor. At the same time, education in local school districts is governed by laws which are administered by the Mississippi State Department of Education. Another agency, the Mississippi Department of Mental Health, provides education and related services to a number of visually impaired multiply handicapped children.

Personnel who are professionally qualified to evaluate and educate blind children and personnel qualified to supervise programs for the visually impaired must be prepared in institutions of higher learning which are entirely separate entities from local school districts, the Department of Education, or the Mississippi School for the Blind.

With various private and public school districts serving visually impaired children, no one really knew how many of these children were being served appropriately, how many were being served but not necessarily in the appropriate manner, or how many were not being served at all. It was not known how many professional personnel were needed by various agencies, whether such personnel should be prepared on a full-time basis or an in-service basis, what such preparation should consist of, what kinds of staff were needed to provide this preparation, and how many institutions of higher learning should be involved. It

seems probable that there were both geographic and professional areas where there were no services.

After considering these complexities it was apparent that the study should be very broad in scope and involve a variety of agencies. This fact led to the conclusion that a comprehensive study should be made of all matters pertaining to both education and related services for visually impaired children and that a comprehensive plan must include all relevant agencies, as well as the Mississippi School for the blind.

Plan of Action

Letters were sent to a large number of organizations and agencies which were involved with the visually impaired in the state of Mississippi asking for people to serve on the study. The director of special education for every school district in Mississippi was contacted for input to this study. The members of the Task Forces and Executive Committee were subsequently selected. However, a large number of people recommended for the study were not selected. These people were appointed to serve as resource persons and were to be utilized as needed during and after the completion of the study.

Five Task Forces were established consisting of relevant professional and lay persons from within the state of Mississippi. Each Task Force group met independently and

as frequently as necessary to conduct its work. Each Task Force had an assigned chairperson who had primary responsibility for managing the development of a draft document for his respective Task Force.

These five Task Forces were concerned with (1) Search, Evaluation, and Placement; (2) Educational Services--Preschool through High School; (3) Post-Secondary Programs; (4) Professional Preparation; and (5) Community Services. The specific charges to each Task Force and Executive Committee member are reproduced at the beginnings of Chapters 2-6.

An Executive Committee was established and represented various agencies and organizations concerned with educational and related services to visually impaired children. Members of the Executive Committee participated in each Task Force meeting throughout the study.

Drafts of the report were forwarded to a technical review team from the American Foundation for the Blind, Dr. Randall Harley of Vanderbilt University, Executive Committee Members, Task Force Chairpersons, and members of the Board of Trustees of the Mississippi School for the Blind for their review and evaluation. Suggestions from these groups were incorporated into the final draft. However, the Project Director assumed the responsibility for presenting what is intended to be an effective and viable comprehensive plan to serve the visually impaired children in Mississippi.

Educational Considerations Involving Planning Education and Related Services

The definition of blindness most widely used in Mississippi is not medical or educational but is legal or economic. It was written into the Social Security Act of 1935, primarily for the benefit of aged persons; since then, however, it has become the basis for a broad range of educational categorical programs. This definition reads as follows:

> Blindness is . . . visual acuity for distant vision of 20/200 or less in the better eye, with best correction; or visual acuity of more than 20/200 if the widest diameter of field of vision subtends an angle no greater than 20 degrees. (National Society for the Prevention of Blindness, 1966, p. 10)

The term "partially sighted" includes a larger group whose vision in the better eye after correction is between 20/70 and 20/200. The person with 20/70 vision sees at 20 feet what a person with 20/20 (normal) vision sees at 70 feet. The person with 20/200 vision sees at 20 feet what one with 20/20 vision sees at 200 feet. Anyone with 20/400 vision or worse cannot read letters of any size at 20 feet, even the big E on the Snellen Chart. Such a person may, though, be able to function as a sighted person educationally by reading pages of normal type at the usual distance, or closer, with the aid of special lenses. However, the term "visually impaired" used throughout this report includes the following terms: "totally blind," "visually handicapped," "partially sighted," and "legally blind."

Children who are visually impaired are by no means a homogeneous group. This term includes not only persons who are totally blind, but also those who have considerable useful vision. Although all children with normal vision differ in many ways, children who are visually impaired differ in many other ways.

The educational programs for children with various degrees of visual loss must be quite different. One Task Force study of 461 visually impaired children and youth who are currently receiving special educational services in Mississippi because of severe vision loss succinctly documented a wide range of visual loss as seen in the following table:

Table 1

Visual Acuity in the Better Eye After Correction

Degree of Visual Loss	Number of Students
Totally blind	49
Light perception-hand movement	76
Count fingers	20
5/200 to count fingers	9
20/400 to 5/200	55
20/200	100
20/70 to 20/200	58
Better than 20/70	37
Blind	8
Less than 20/200	3
Unable to measure or determine	28
Not available or given	18

For educational purposes, only 75 of these 461 children are currently using braille as their mode of reading, while 265 are using print. Many of the remaining 121 children are non-readers. Deciding whether a child requires braille or print is by no means simple. Some children with visual acuity measuring 20/200 are using braille, while others with the identical measured visual acuity are reading print. Such diversity creates a major educational challenge.

Among our 461 visually impaired children in Mississippi, a number of these students have at least one other significant handicap. A visually impaired child may be totally blind or have considerable visual acuity, be multiply handicapped or mentally retarded, deaf-blind or intellectually gifted. Educational needs of the multiply handicapped students who are, for example, retarded-blind or deaf-blind present serious challenges in planning. Table 2 shows the number of various handicapping conditions of the 461 visually impaired children.

Another complicating factor in planning is that the visually impaired comprise a very low incidence group. The School Finance and Statistics Division of the State Department of Education reported an enrollment of 466,058 children for grades 1-12 for the month of September, 1984. Thus, if a school system has a total enrollment of 1,000 children it can then expect to have about one visually impaired child, and the distribution agewise could be anywhere from

Table 2

Handicapping Conditions Other Than Visual Impairments

Handicapping Condition	Number of Students
Brain damage	12
Epilepsy	24
Orthopedic	11
Cerebral palsy	20
Heart disorders	5
Deaf-blind	32
Mental retardation	84
Behavioral impairments	8
Deaf	5
Motor problems	3
Microcephaly	5
Other	23

kindergarten to the twelfth grade level. The school district might not have another visually impaired child for years. At the same time quality education requires appropriately prepared teachers, orientation and mobility services, qualified supervision of teachers, and provision for social and extracurricular activities as well as an educational program ready and available when there is a need.

Table 3 describes 461 students reported to the Mississippi Survey according to the type of special education programs in which they were enrolled during the 1984-85 school year. A majority of students (57.5 percent)

attend public schools grades 1-12. The next most common type of placement for the students was the Mississippi School for the Blind (26.9 percent). However, a sizable number of students with mental retardation attended the state's residential school for the retarded (14.3 percent).

In some counties, the visually impaired attend local public schools; while children in some other counties attend only the Mississippi School for the Blind. This diversity may be attributable partly to a local school district's educational philosophy and resources.

Table 3

Distribution of Visually Impaired Students in Mississippi by Type of Special Educational Programs, 1984-85

Type of Program	Number	Percent
Mississippi School for the Blind	124	26.9
State School for the Retarded	66	14.3
Public preschool	4	.9
Public schools--grades 1-12	265	57.5
Not reported	2	.4
Total	461	100.0

The 265 students attending Mississippi's public schools are enrolled in more than seventy-five separate school districts.

The foregoing factors brought out in this section, particularly the combination of extreme variety of visual impairments, multihandicaps, and the low incidence rate, all

combined with a variety of individual differences, and the numerous program options that should be available, create a situation where neither local school districts nor the Mississippi School for the Blind can provide all essential parts of a program necessary to assure the most appropriate educational opportunity for all visually impaired children. There are an insufficient number of children located in the individual school districts in the state of Mississippi to provide complete local services and viable educational options for all visually impaired children in the local public school. Likewise, while some children could receive educational programming at the Mississippi School for the Blind, their social and personal needs may best be facilitated by attending another local school.

An appropriate statewide comprehensive plan must take into account all of the differences among visually impaired children and their needs and provide for a continuum of services at various ages. A particular kind of class or program may not meet the needs of children at all ages. Furthermore, the needs of a particular child at any given age may change so that his or her needs a year or two later will be most appropriately met by a different kind of program.

Recognition of these differences requires a system of continuous reevaluation of children and service programs and a mechanism to insure that each child attends what is

most appropriate for him/her and that he/she will be able to make a smooth transition to another program when his/her needs change. A continuum of services providing various options must be available.

Various alternative programs should be available to all children within the state. The children's progress must be monitored so that various programs can be held appropriately accountable. Also, the various programs in the state must conform to the mandates of P.L. 94-142 as discussed in the next section.

Legal Considerations Involving Planning Education and Related Services

The Education for All Handicapped Children Act of 1975, known as P.L. 94-142, provides for seven rights guaranteed to all handicapped children and their parents. These are (1) Right to an Education, (2) Right to a Free Education, (3) Right to an Appropriate Education, (4) Right to Least Restrictive Environment, (5) Right to Due Process, (6) Right to Confidentiality, and (7) Right to Non-Discriminatory Testing. Any state comprehensive plan must provide for these civil rights. This legislation which was signed into law November 27, 1975, includes provisions that address each of these rights.

Regulations implementing this legislation were first published in the Federal Register on August 23, 1977. It is

now almost seven and one-half years since the regulations became effective. During this period, educators, parents, lawyers, and policymakers have debated, analyzed, and litigated the meaning and application of the requirements in the law.

P.L. 94-142 obligates the state and public agencies within the state to develop and implement policies and procedures insuring that all handicapped children in the state receive a free appropriate public education (FAPE). The word "all" means that every handicapped child, regardless of the nature or severity of the handicapping condition, must receive a FAPE. The term "appropriate" includes special education and related services provided in conformity with an individualized education program (IEP). The regulations provide that to meet the needs of handicapped children the state must make available a continuum of alternative placements. There is no place under this law for blanket statements about the needs of an entire class of handicapped children. The statement "all visually impaired children can receive an appropriate education within the local school district" is as meaningless and rhetorical as the statement "all visually impaired children must be educated in the Mississippi School for the Blind."

Under P.L. 94-142, a child's IEP must include all of the specific special education and related services needed by the child. This means that the services must be

listed in the IEP even if they are not directly available from the local agency and must be provided either directly or through arrangements with another agency. A child's special educational needs are determining factors in designing an appropriate program and not the availability of certain services or administrative convenience.

In making educational programming decisions under P.L. 94-142, courts define the term "appropriate education" broadly to include not only the teaching of academics and vocational skills, but such nonacademic skills as self-help, social, interpersonal, independent living, orientation and mobility training, play and recreation. The components of an appropriate educational program for visually impaired children must be determined before addressing the legal requirements that the child be educated in the least restrictive environment.

Where two or more programs provide the necessary components of an appropriate program for a visually impaired child, the public agency must select the program that is least restrictive. To the extent only one type of program is appropriate, that program is the least restrictive.

For some visually impaired children, it is impossible to provide appropriate educational programming in a day program (six hours of instruction per day). These children are entitled under the law to a residential placement to meet their needs. To the extent these children are legally

entitled to a residential placement, it is imperative that the Mississippi School for the Blind continue and expand its role. For some visually impaired children, the services of the Mississippi School for the Blind, providing specially designed programs, are required by federal law.

Residential placement at the Mississippi School for the Blind is appropriate for children of average or above-average intelligence as well as for children who have severe intellectual dysfunctions who are also visually impaired. The federal regulations pertaining to the placement of handicapped children in residential schools further codify this approach. Where a residential program is necessary to provide special education and related services to meet a handicapped child's needs, the program, including room and board, must be provided at no cost to the parents.

Each child has a unique set of needs, and placement must reflect these differences. For some visually impaired children, placement should be in the Mississippi School for the Blind on a residential basis seven days a week. For others, the child's needs dictate that he or she receives instruction within the local school district in a regular class, in a separate class, in an itinerant or resource program or a combination of public school programs and the Mississippi School for the Blind.

Regardless of the setting of the educational program,

it must provide the necessary skills that will enable visually impaired children to become productive, contributing citizens who are as independent and self-sufficient as their abilities or disabilities will allow. In the following chapters an appropriate plan has been designed for visually impaired children consistent with the dictates of P.L. 94-142.*

---

*The legal considerations section is based in part on a position paper of the Council of Executives of American Residential Schools for the Visually Handicapped entitled The Legal Necessity for Residential Schools Serving Deaf, Blind, and Multihandicapped Sensory Impaired Children (Macon, Ga.: Council of Executives of American Residential Schools for the Visually Handicapped, 1985).

CHAPTER 2

SEARCH, EVALUATION, AND PLACEMENT

Task Force I: Search, Evaluation, and Placement was given the following charges at the commencement of this study:

a. To focus on the prevalence of blind and visually impaired children in Mississippi and their geographic distribution,

b. To review recommendations for evaluation crucial to educational programs for blind and visually impaired children (i.e., intelligence, achievement, educational diagnosis, etc.), and

c. To evaluate recommendations and guidelines on placement of blind and visually impaired students in a manner consistent with federal and state requirements.

The following series of questions served as a guide to the general types of content addressed by this Task Force:

a. How many blind and visually impaired children of preschool age, elementary age, and secondary age reside in Mississippi? What prevalence rates should we expect?

b. Of this number, what are the major causes of visual impairment in Mississippi? How many are functionally totally blind; how many are multiply handicapped/visually handicapped?

c. Of this anticipated number how many children are now being adequately served in Mississippi, and where?

d. What mechanism is available or should be developed to identify those children who are undiagnosed or unidentified?

e. Is there a need for an on-going statewide system of identification for visually impaired children from birth to age 21?

f. Is there a need for a statewide registry of all visually impaired children?

g. What are the possibilities for developing a special evaluation center, or utilizing existing services such as the Learning Resource Center network?

h. By whom should such centers be administered?

i. What procedure should be followed for referral to such a center(s)?

j. Should the center be involved in reevaluation and possible transfer of a child from one program to another?

k. Should the Mississippi School for the Blind establish a separate Diagnostic and Evaluation Team?

l. What procedures are necessary for referral of children to appropriate programs after evaluation?

m. How can a system be designed to provide and maintain technological aids such as visual aids to visually impaired children?

Identification of Visually Impaired Children

Initially, a literature search was made of existing national surveys on the visually impaired. A survey was conceived out of frustration since attempts to secure adequate information for Mississippi from these national surveys was unproductive. Attempts to apply various weighting factors to arrive at necessary data for the Mississippi Statewide Planning Project proved inadequate and unsatisfactory.

Presently, there is no coordinated approach to the identification, evaluation, and placement of visually impaired children at the state or national level. As a consequence, identification of children with visual deficiencies is a difficult task. National incidence figures are misleading since researchers have defined the sampled population in varying ways. Procedurally, some research studies have counted children as visually impaired by establishing various degrees of visual loss and particular screening techniques. Other statistics from the State Department of Education have counted some students with

visual impairments as the secondary rather than the primary handicapping condition, and in some cases use only a "visually impaired category" to designate any student regardless of the severity of the visual loss.

The most frequently mentioned national estimates indicate that one per 2,000 school-age children is legally blind, and two per 1,000 are partially sighted. Applying these prevalence percentages and enrollment figures to Mississippi's public schools during 1984-85 and using 1980 census data, it was projected that there are approximately 233 school-age children who are blind and approximately 466 who are partially sighted. Both groups will probably require some special education and/or related services in order to progress appropriately in an academic setting.

The Governor's mandate for a Statewide Comprehensive Plan for the Education of Blind and Visually Handicapped Children required a statewide data base on visually impaired children and youth. It became obvious that demographic information and other educationally related characteristics of this population were needed and vital if this effort at statewide planning was to be successful. Therefore, it was necessary and essential to complete a carefully developed survey for Mississippi. This survey was a joint effort by personnel of the Mississippi School for the Blind, Mississippi State Department of Education, and Task Force Members. A questionnaire was designed based on the necessity for

detailed information on children within the state with severe visual impairments.

Questionnaires were completed on every child at the Mississippi School for the Blind and the state schools for the mentally retarded. All known public and private school children were also included in this survey if their visual impairment was severe enough to have been reported. One interesting finding was that eye specialists in Mississippi documented 270 cases of children and adolescents who were legally blind. In twenty-four instances, physicians were unable to measure or determine the visual acuity from the records of severely retarded students. This Task Force is certain that not all blind children in Mississippi were included in this survey. However, according to the most valid national estimates, the state should contain approximately 233 children who are blind. The contention that Mississippi has a much higher than average prevalence of blindness appears valid, at least for children and adolescents.

Because of the lack of a statewide comprehensive system for identification of visually impaired children, recommendations are made at the end of this chapter to insure that these residents of Mississippi receive appropriate services. A detailed analysis of the data from this exhaustive survey is reported in Appendix A.

Assessment of Visually Impaired Children

In order to provide appropriate educational, vocational, and other related services for visually impaired children in Mississippi, steps must be taken to insure that these children have been evaluated properly. These evaluations should be conducted by individuals who have knowledge and experience in working with visually impaired children. Accurate and adequate assessment of visually impaired children is a difficult undertaking. When conducting meaningful assessments of a visually impaired child, the assessment team must understand the broader context of visual impairment. Some major problems and concerns to be faced are the following:

a. Visual loss compounds the assessment process because of the known interrelationships of sensory, motor, cognitive, and emotional factors.

b. The multiplicity of physical and environmental conditions may contribute systematically to the functional delay of the child.

c. The performance of the student on a standardized assessment instrument may not be a valid indication of skills and abilities.

d. Modifications of formal testing procedures generally are considered to generate unreliable results.

e. There is usually non-availability of normative data for the visually impaired child.

f. The visually impaired child often has a slower developmental rate.

g. The use of time limits and a differential scoring system often results in a lower score for the visually impaired child rather than a true measure of skill.

h. The final assessment report may not reflect experiential delays owing to limited vision.

i. Difference in performance may reflect different levels of vision, etiology of the visual handicap or the age of onset of the visual loss.

j. Flexibility of approach and knowledge of effective instrumentation are minimal essentials in the serious and monumental task of the assessment of multiply handicapped visually impaired children.

The passage of P.L. 94-142 ensured visually impaired children the right to appropriate assessment services. The reason that the assessment process is carried out is to determine the present levels of functioning in a variety of areas so that an appropriate individual educational plan can be developed for each child. Several strategies for providing this service were considered and are detailed in the following paragraphs.

One choice for evaluation procedures was the Mississippi Learning Resources System (MLRS), a part of the Special Education Section of the Mississippi State

Department of Education. MLRS offers testing and inservice to local school districts through a quota system developed every ten to twelve weeks. MLRS testing staff are frequently recent college graduates with limited testing experiences and usually no experience working with handicapped populations. The task of training and maintaining staff in each center to test visually impaired children and then scheduling such testing within the MLRS quota system would be difficult. Therefore, in the structure of a system to provide appropriate services to the visually impaired, the MLRS should not assume the primary role.

A second option considered briefly was the establishment of a new assessment center where children from throughout the state could be sent for complete evaluations. However, considering the expense involved in establishing and maintaining such a new center and the probability that a large number of blind children would not need additional evaluations, this option was discarded in favor of some method for using currently funded agencies and/or individuals. However, if the center was housed and staffed at the Mississippi School for the Blind it would be more efficacious financially, and the center personnel could also have additional duties such as the provision of direct services to campus students.

The third option involved the establishment of a statewide list of local individuals who are or would be

trained to evaluate the visually impaired, and who would accept testing referrals within a given geographic area. However, the complicated logistics and expense involved in providing training, maintaining a centralized list, updating the list regularly, and coordinating varying schedules pose limitations to this option.

Establishing a list of currently trained, experienced individuals who work regularly with the visually impaired in some capacity and who would be willing to provide testing on a rotating basis was a fourth option. An advantage of such a system is that these individuals would not require extensive training since their occupations involve working with the visually impaired. In addition, the expense of a new physical facility would be unnecessary; no single agency or individual would bear the entire burden of testing, and the staff would tend to be more stable due to their respective careers in agencies that work with the visually impaired.

In structure, the proposed system would employ a list of individuals who are experienced in testing the visually impaired, and who would be willing, on a rotating basis, to accept referrals from throughout the state. The list of individuals would be sufficiently long so that no one person would be overburdened and someone would always be available to test on short notice. Referrals to the system would be received from schools which do not have

access to individuals trained to work with the visually impaired and from parents of preschool children or children in private schools.

Preliminary information (Step A information in the State Department of Education [SDE] Referral-to-Placement Handbook) requiring data from parents and teachers in all problem areas would be gathered by the school district prior to referring a visually impaired child. These data include parental permission for testing, a completed physical, hearing and visual screening including necessary follow-up reports from specialists, and speech and language screening. Parents would be responsible for securing and/or providing preliminary information (Step A) prior to having their child tested. Assistance would be provided to parents, if necessary, in obtaining the preliminary screening information. The child would then be referred for testing.

Once a child is referred, testing would consist of criterion-referenced measures (SDE Step B information) and any necessary standardized instruments (SDE Step C). A report would then be submitted to the school (for a school referral) or to parents (for a parent referral). In the case of a school referral, the test data would be compiled along with the preliminary screening information into an assessment team report and submitted by the school to a district or regional screening team for an eligibility ruling.

In summary, various options have been proposed whereby testing services for visually impaired children may be offered to school districts and parents throughout the state of Mississippi. One favored method fits within the State Department of Education Referral to Placement Process and entails the compilation of a list of individuals who would be willing to provide testing services on a rotational basis. Although several systems were considered, this proposed system was deemed to be efficient in terms of cost, time, and ease of implementation.

Visual Acuity Screening

The purpose of this section is to discuss the present assessment process for children with visual impairments as described in the Mississippi special education referral-to-placement process. Recommendations will be suggested to update and modify the visual acuity screening process for children.

Child Find guidelines of the Mississippi State Department of Education require that visual acuity screening occur in first and fourth grade classes for all children in the state's public school districts. At present, acuity threshold scores of 20/40 or worse in both eyes are the basis for referral for an objective exam by a professional eye examiner. Additional visual acuity screening for school-age children is determined by individual school districts.

The Mississippi special education referral-to-placement process requires screening of both visual and audiological activity after the implementation and subsequent failure of the instructional intervention in the regular classroom. When a child is referred through the local or district screening team for a comprehensive assessment to determine eligibility for special education, the visual acuity screening results must be available at the time (Snellen E is the recommended instrument). If the referred child has scored poorer than 20/40 in both eyes and has been rescreened within thirty days with the same results, he/she is then referred to a professional eye examiner for an objective examination and any determined necessary treatment (e.g., corrective lenses, surgery). The professional eye examiner's report is required as part of the assessment report on a child with a diagnosed visual impairment. Visual acuity scores and statements on how the child's vision problems might affect school performance must be included in this report. The referred child is then tested in all other assessment areas including gross and fine motor, language/speech, social/behavioral, emotional, and educational.

Guidelines state that for the child with severe handicaps, other options for obtaining information on vision functioning are available. If a child with severe handicaps cannot be conditioned to perform on a standard vision test,

a functional vision checklist may be used as a substitute. If the child has an obvious visual impairment at the initiation of the comprehensive assessment process, testing of all assessment areas will be conducted with necessary modifications to accommodate the vision handicap.

The local survey committee considers three specific questions concerning the visual handicap:

1. Did the child fail the vision screening exam?
2. Are there vision problems that would interfere with the child's educational performance?
3. Are there vision problems that should be considered in educational programming?

Placement of Blind Children

If it can be assumed that accurate test results are available and that observation of individual children by professionals will yield information relative to their unique needs, then the next task involves informing the parents. Ideally, a meeting should occur involving the parents of the visually impaired child, a professional from the residential school for the blind, and a professional from the local school district to explore any options.

It is at this point that it is essential to provide completely unbiased information. The parents should be informed of findings related to their child drawn from an accurate assessment. Complete and accurate descriptions

of optional educational programs available to a particular child should be presented to the parents. A conference may provide answers to questions raised by parents. It should be the prerogative of the parents to decide which program is best for their child.

Consultants can be drawn from school districts with special education teachers with specialized training in working with the blind. However, only a few school districts currently have such specialists available. Consultants may also be drawn from the Mississippi Vocational Rehabilitation for the Blind and the Mississippi School for the Blind. These informative efforts should be funded through the State Department of Education. Consultants should be coordinated by the Department of Education's Special Education Division.

Instances do occur when a visually impaired child may seek to transfer from a residential school for the blind to a public or private school in his/her home community, or when a child may seek to transfer from a school system in his/her home community to a residential school for the blind. At times the adaptations to visual loss create unique needs that can best be addressed in a different setting. In some instances, a particular family situation may change in a way that necessitates placement of a child in a different setting.

It is essential to plan for the smoothest and least

disruptive means of making transfers. If it is determined that the child should transfer from a community school program to the residential school for the blind, or conversely, from the residential school to a community school program, cooperation is needed to ensure a smooth and effective transition for the child. Adequate communication between educators in the two systems can contribute to a determination of where the child should be placed in the new school program.

It should be emphasized that the question underlying all that is done by those involved in the child's educational life must be, "What is best for this particular child at this particular time?" It is recognized that the parent conferences described above, the extra testing, and other additional steps may be more expensive than the usual expenses included in the transfer of a sighted child from one school system to another.

Aids and Appliances for Visually Impaired Children

It has been reported that the present decade represents an era of tremendous breakthrough in the development and availability of aids and appliances for visually impaired persons. Within recent years, totally blind children have been able to read through the use of the Optacon. Print can now be enlarged on a closed circuit television

screen for children with very limited vision. The computer has ushered in many possibilities for access to print. These are only a few of the aids and appliances now available.

Children attending the Mississippi School for the Blind should be provided an opportunity to utilize the latest, sophisticated equipment available both in class and for study outside of school. Training and utilization of this equipment should be part of a curriculum. The School for the Blind should be the model program in displaying this equipment to children and training them in the use of it throughout Mississippi.

The provision of appropriate aids and appliances to children who are scattered throughout the state in public and private schools becomes more complicated. Ideally, public libraries could have on hand the most useful equipment and display it for children in counties. However, to display an Optacon and have no one qualified to teach a child how to use it would not be useful. A workable approach to having expensive equipment available in every school district in the state appears unlikely at this time.

In the absence of regional centers to house equipment, or availability of the equipment in libraries, another option would be a central location in Jackson where the equipment would be available to all children. Visually impaired children throughout the state would be invited during the summer to the School for the Blind campus for

exploration of this equipment; this appears to be the most cost effective approach. The district special education coordinator could contact the parents about the availability of various aids and appliances. Subsequently, children could be scheduled to visit the School for the Blind during a particular time during the summer months. Funds would need to be provided to allow the Mississippi School for the Blind to cover travel for the children.

Children also must have access to equipment in their home communities. Evaluation and training in the use of aids and appliances is one part; however, the children's parents, some organization, or the child's school district must be in a position to make the equipment available to the child. Currently, some aids and appliances can be purchased at the Mississippi Rehabilitation Center for the Blind in Jackson. Other equipment can be ordered with the assistance of this Center's clerical staff. An inventory of equipment is maintained through funds supplied by the Mississippi Council of the Blind and Royal Maid Association for the Blind.

Training must be available for those who can profit from the high technology equipment now accessible to blind persons. For example, the Apple II computer may prove to be a very useful piece of equipment. However, extensive training is needed for effective use of this learning aid. Access to aids and appliances is a very difficult service

to guarantee to each visually impaired child in Mississippi. However, it must be recognized that many children can obtain useful equipment that would greatly enhance their educational pursuits and/or help in activities of daily living, play, and recreation. The difficulty of the task should not preclude efforts to explore the possibilities suggested above.

Recommendations

1. A need exists for an up-to-date statewide data base on blind and multihandicapped blind children and youth. Demographic information and other educationally related characteristics of this population are most important for evaluation and placement purposes, as well as statewide planning and programming. Therefore, it is recommended that a yearly update of such information be coordinated through the Mississippi State Department of Education.

2. It is recommended that procedures for adequately maintaining a blindness registry be developed by the State Board of Health and that all referrals of children from birth to age twenty-one be made mandatory and forwarded directly to the State Department of Education. New procedures should be established by the State Board of Health to insure an active, ongoing, coordinated, and statewide system of identifying visually impaired children.

3. There is a critical need for early identification, evaluation, and education of visually impaired children and

support services for their families. Without such services, potential cases are lost, and costs for education and rehabilitation increase greatly. Early specialized services and instruction to children can ease the communication and developmental problems that are imposed by a visual handicap. The infant and preschool years of a child are critical stages to maximum growth and learning. In Mississippi, we are currently identifying only a few of our preschool visually impaired children. (See Appendix A, Table 2.) The State Department of Education should expand its child find efforts to include visually impaired children from birth.

4. The State Department of Education should develop and fund an adequate system for the evaluation and placement of the visually handicapped child including parent counseling; definitive roles for all selected collaborative agencies for this effort should be defined insuring a functional system.

5. The current assessment policies and procedures of the child with visual impairments by the Mississippi Division of Special Education needs revision. The American Foundation for the Blind prints numerous publications which list and describe appropriate instruments for all areas of assessment with children with visual impairments. These should be made available to persons providing assessment services.

6. It is recommended that the Director of the Division of Special Education in the Mississippi State Department of Education implement formal procedures to provide qualified personnel to insure protection in evaluation for all visually impaired children.

7. School psychologists and psychometrists, in general, may not be prepared to assess those children who cannot respond adequately to visual stimuli. The Mississippi State Department of Education should offer training to school psychologists and psychometrists in methods of assessing the visually impaired. Having a small number of these persons who are trained to assess children with visual impairments would allow for quality assessment services. These school psychologists and psychometrists would offer assessment services to children on an itinerant basis. Those assigned to this task would better maintain their skills in assessment.

8. Acceptable standards for vision screening should be adopted by the state agencies.

9. It is recommended that the vision of difficult to test students be properly screened. Children with severe handicaps should be successfully screened and treated and receive the same quality vision care that all other students receive. To offer any less service appears a violation of P.L. 94-142.

10. School districts should be required to offer annual vision screening to all children from kindergarten

through grade six. Results should be reported to parents with suggestions for follow-up where necessary. In-service "screeners" with available resources, e.g., nurses, other health department medical personnel, optometrists, and ophthalmologists, should be utilized. In addition, schools should make screening available at out-of-school locations, such as shopping centers and churches.

11. Assessment of students with deaf/blind handicaps should include vision screening and assessment. Functional vision checklists and developmental screening instruments are appropriate with this population. Treatment of vision impairments for children with deaf/blind handicaps is extremely critical for learning.

12. Comprehensive optical aid services should be made available to all visually impaired children who could profit from such a program. This activity would emphasize the effective use of remaining vision rather than the skills needed to cope with blindness. The majority of visually impaired students have some residual vision; therefore, many may be candidates for low vision services. (See Appendix A, Table 11.)

13. Access to the latest technology information and educational and leisure equipment should be made available to blind children in their classrooms; in addition, their teachers and instructors should have opportunities for appropriate training for the equipment.

14. Representatives from all state agencies providing services to visually impaired children should be convened to formulate a system of providing and maintaining technical aids for children with visual impairments.

CHAPTER 3

EDUCATIONAL SERVICES--PRESCHOOL THROUGH HIGH SCHOOL

Task Force II: Educational Services--Preschool through High School was given the following charges at the commencement of this study:

a. To analyze the educational programs currently available for blind and visually impaired children in Mississippi, based on demographic estimates and other factors essential to quality educational programs for these students.

b. To make and justify recommendations for establishment of new, or expansion of existing, programs or services.

c. To give appropriate considerations to the needs of multiply handicapped/visually impaired children.

d. To review preschool programs for children from birth to school age.

The following questions suggested the general content to be reviewed and provided guidance to this Task Force:

a. What educational services are currently available in Mississippi?

b. What programs should be available to Mississippi's blind and visually impaired children?

c. What are the needs of blind/multiply handicapped children in Mississippi?

d. What patterns of mainstreaming can be provided for visually impaired and blind children?

e. How can programs maintained by public school districts, the Mississippi School for the Blind, and others best be articulated?

f. What should be the future role of each type of program?

g. How should staffing patterns, facilities, and programs for blind/multiply handicapped children differ from those for typical blind children?

h. Should the authority for the education of <u>all</u> blind and visually impaired children be centralized in order to insure equality and appropriateness of programs in the public school districts and the state school?

i. Is the current method of financing this area of special education adequate and appropriate?

j. What are the projections for future enrollments in the state?

k. What are the implications for these projections in terms of programs and facilities throughout the state?

l. What impact will Public Law 94-142 have on the Mississippi School for the Blind as presently operated?

m. What services and programs are most desirable for preschool children with visual impairments?

Public School Programs for the Visually Impaired

According to information provided by the Mississippi State Department of Education for the December, 1983, Child Count, 100 visually impaired students received some type of special education services in public school districts. These visually impaired students identified for Child Count were located in fifty school districts.

A further review of these data indicated that 204 blind students from local districts are listed on the American Printing House Registry and are eligible to receive special materials and supplies. The survey discussed in Chapter 1 located 269 visually impaired children currently attending public school in Mississippi. Task Force members were concerned to learn that of the 204 blind students eligible for special materials, only 100 visually impaired students received any type of special education services in the public schools. State Department of Education personnel indicated that local districts are not required to write IEP's for visually impaired students receiving only

special materials. Perhaps this policy may account for the discrepancy between the number on the APH Registry for the Blind and the number receiving special education services.

Ten local districts reported a teacher unit designated for the visually impaired during the 1984-85 school year. Task Force members contacted the ten school districts during February, 1985, and found that only five districts had a teacher identified to serve the visually impaired during the present school year. Four of these teachers were certified in Area 35 (visually impaired). The other teacher had not completed any coursework in visual impairment. Two committee members visited each of the ten districts reporting a class for the visually impaired to determine the number and type of students served, equipment and materials available, and the amount of mainstreaming activities occurring. (See On-Site Review of Public School Programs Serving Visually Impaired Children in Mississippi in Appendix B.)

After reviewing data from the site visits, Task Force members concluded that quality programming was available to visually impaired students in districts where a certified teacher was employed. The attitude of other school personnel toward the visually impaired students seemed favorable. Even in programs where the visually impaired were identified, some program developers reported that services were not adequate for these students but that the district was doing the "best it could do." Program

developers expressed a major concern over the difficulty in locating certified teachers for the visually impaired.

Data collected from site visits to ten school districts in Mississippi indicated that most of the programs for visually impaired (VI) students were resource/itinerant based. Students in five of the districts visited were mainstreamed into regular classes. In one district all visually impaired students were in self-contained classes, while two districts were serving these children in a variety of special education programs. Two of the districts reported that they had no visually impaired students. The data compiled from these site visits are presented in Table 4.

Table 4

Educational Settings for VI Students in School Districts Included in Site Visitations

Educational Setting	Grade		
	K-6	7-8	9-12
Mainstreamed with resource teacher for VI	11	2	3
Self-contained VI classroom	4	0	0
Served in other special education program	4	0	0

The Task Force concluded that a large number of visually impaired students can be appropriately served in mainstreamed settings and that the opportunity for

mainstreaming should be available to students in local school districts. However, the importance of the following provisions to assure a successful mainstreamed program cannot be overstressed:

a. qualified personnel,
b. appropriate equipment and supplies (typewriters, Visualtek, recorded books, large print texts, enlarger),
c. continued support for regular teachers through in-service activities and ongoing communication regarding students' progress and needs,
d. administrative support for VI programs,
e. opportunity for involvement in other school activities (clubs, team sports, Scouts),
f. parental support, and
g. support staff (volunteer readers, braille teachers, psychologist, etc.)

As a rural state, Mississippi does not have an abundance of resources. Visually impaired students are scattered in rural areas and often cannot benefit from the resources of larger metropolitan areas. Therefore, agencies in Mississippi must work cooperatively to provide appropriate services for visually impaired students in a financially sound manner. When considering the "whole" child, it is important to recognize his/her unique curriculum needs in addition to the regular curriculum. Training may be needed in everyday

living skills, orientation/mobility, visual efficiency, communication skills, vocational career counseling, and social adjustment skills. The Mississippi School for the Blind and local school districts should work cooperatively to provide educational services to visually impaired students. For example, public schools could utilize personnel from the Mississippi School for the Blind (MSB) to provide technical assistance when developing IEP's for visually impaired students. Further, the MSC could be utilized for the temporary placement of a visually impaired student needing special training in orientation and mobility, daily living skills, or braille, or for an intensive summer program. Teacher/consultants from the MSB could be responsible for providing technical assistance, in-service training, locating special materials, assisting in placement decisions and IEP conferences, and arranging for diagnostic testing and special services. These consultants would not necessarily provide direct services to visually impaired students. Local school districts would continue to provide teachers for these students. However, teacher/consultants for the visually impaired would be located in regions across the state, and services would be available to all school districts.

Counselors for parents of the visually impaired should be responsible for providing services to children and their families in the home. These individuals could be

located regionally throughout the state. The program would be organized and funded in such a way that students could be served whether or not they were enrolled in any type of educational program.

Currently, the Mississippi State Department of Education funds a teacher unit from the Minimum Foundation Program to a local district when five children have been identified. Funds available under P.L. 94-142 are provided for all visually impaired students included on the December Child Count each year. The current method for funding is not adequate for providing the equipment these students need. Without strong local financial support, local districts cannot afford to purchase a Visualtek machine, a typewriter or a Braillewriter for only one student.

The Rand Study (1981) reported a comparison of the total costs of special education and regular education and noted that the costs were five times greater for blind children and two times greater for partially sighted students. The State Department of Education should either provide full funding to a local district for a visually impaired student or, possibly, fund visually impaired students at a greater rate than other special education students. Other possible alternatives for improving the level of funding for these students include the use of a weighted formula for funding special education students or a special fund (e.g., the Educable Child Program) to provide assistance to local districts.

Mississippi School for the Blind

The Mississippi School for the Blind is the state's only residential school providing services to visually impaired students. Presently, 100 students are provided services in the three programs on campus: elementary, thirty-eight students; secondary, forty students; and multi-handicapped, twenty-two students.

The elementary and secondary programs serve students who exhibit a visual impairment as their major handicapping condition. Services may begin at age five (5) and continue through age twenty-one (21). Elementary services are provided in a non-graded manner allowing students to advance in skills at their own pace. The secondary level offers a two-phase program allowing students to acquire skills at their own pace.

The multihandicapped program at the MSB serves students who exhibit the following types of combined handicapping conditions: Deaf/Blind and Visually Impaired/ Trainable Mentally Retarded (TMR). The program is designed for students who are functioning near the level of TMR. Students ages five to fourteen follow a developmental program focusing on motor, self-help, language, cognitive and social skills. Students ages fifteen to twenty-one follow a "top-down" curriculum designed to prepare them for critical skills in adult post-secondary life.

Current staffing patterns at MSB are approximately one teacher to four or five students in the elementary and secondary programs. The ratio in the multihandicapped program is one teacher to five or six students. (Teacher aides have reduced the adult/student patterns over the last eleven years.)

Students who are planning to attend college upon graduation from MSB are encouraged to participate in a mainstreaming program with the Jackson Public Schools (JPS). At this time, students are mainstreamed beginning at the eleventh grade level. Presently, students are enrolled in subjects not taught at MSB. These students are usually enrolled in such courses as French. The majority of these students have chosen to take only one "mainstream" subject each year. This, however, is not a policy. With very bright visually impaired elementary students, mainstreaming has been carried out on an individual basis.

The State Legislature of Mississippi provides approximately 93 percent of MSB's funding through General Fund Appropriations. The MSB submits annual budgets as do other state agencies. Approximately 7 percent of the school's funds are received through federal funding sources such as Chapter I and Title VI-C. Monies provided from these sources are restricted to the respective programs. The homebound program (Chapter I) and deaf/blind services (Title VI-C) are understaffed. Budgets are reduced annually. Addition-

ally, as student populations change, a need is created for new categories of staff (i.e., school psychologists and speech therapists). New positions cannot be created where none exists. Present positions must be changed. This process may take a year or longer due to the rules and regulations of the State Personnel Board.

Due to a reduction in state funds, a building program for the Mississippi School for the Blind and Deaf was put on hold after completion of 80 percent of the first of three building phases. This action provided MSB with a boys dormitory located one-half mile from the main campus. The project has been stalled since 1980. Several programs are conducted in buildings which have been adapted for new uses or in trailers and portable buildings acquired from other state agencies that no longer need them. These conditions not only decrease the efficiency of the program offered but also hinder expansion of programs as well as extension of national accreditation.

Preschool Visually Impaired Children

Children of preschool age with visual impairments should be viewed as children with the same needs of all children--love, acceptance, exploration, and a sense of competence. Secondly, the goal for these children is achievement in educational environments that will enable them to reach the highest levels of which they are capable.

Like all children, visually impaired preschoolers are unique. Their vision, too, varies greatly--ranging from degrees of low vision to total blindness. Many of them have no handicaps other than vision. Others have added impairments such as hearing loss, heart defects, or cerebral palsy.

All preschool programs for visually impaired children should focus on three objectives:

a. to assess each child's individual needs and develop and implement an individualized program of education for every child;

b. to work with the parents of each child so that learning situations are reinforced by the parents at home; and

c. to work closely with clinical specialists so that each child gets the very special help he needs.

Educators, parents, and advocates should consider utilizing all organized preschool programs in conjunction with the current homebound (outreach) program provided by the Mississippi School for the Blind. Specific program options include:

a. Head Start programs,

b. Public kindergartens (when implemented)

c. Utilization of developmentally delayed preschool programs funded through the Special Education Section of the SDE, and

d. An extended homebound (outreach) program housed in

alternating areas of the state where a group of blind/visually impaired children are identified. This program expands services they may be receiving from other agencies. Staff members are employed by the Mississippi School for the Blind and have access to resource materials and expertise available at the school.

The current method of financing programs for preschool blind or visually impaired children is quite restricted. MSB's homebound program is funded through Chapter I and is very understaffed due to a lack of available funds. In order to prevent further handicapping conditions which reduce the productivity of these children, a funding mechanism for early intervention programs must be established to allow for the adequate implementation of identification procedures.

Depending upon the amount of remaining sight and the presence of other impairments, each preschool child learns differently. Here, a very small teacher-pupil ratio is a distinct benefit. This favorable ratio insures the individual attention that a visually impaired child needs in order to learn and grow. A significant benefit of an adequate preschool experience is that once the child reaches the age of formal school, the choice of an appropriate school can be made logically, with a knowledge of the child's special needs and abilities.

Multiply Handicapped Visually Impaired Children

Not all blind, multiply handicapped clients exhibit the same set of needs; therefore, individualization and a variety of needed services necessitate one central referral system to collect data for the state. The data collection will help support either short or long term programs, increase the awareness of the general public of the existence and needs of this population, and match individual needs with services available within the state and/or national level.

The needs of this population are many and varied according to the severity of the primary handicap, the number, and the types of secondary handicapping conditions (e.g., deafness, mental retardation, and physical anomalies). These needs are best met with early medical, family, and educational intervention. This implies a need for a statewide centralization of data collection and referral.

In Mississippi, various agencies currently serve the severely and/or multi-impaired blind and deaf/blind students. These students include those who have severe cognitive, motor, sensory, and/or behavioral training needs. Some need around-the-clock, full-time programs. Therefore, the staff-to-student ratio should consist of one staff member to every two or three students consistent throughout the day, evening, and weekend. Older students in these programs should receive instruction in daily living skills, independent

self management, and social skills. Cottage and classroom staff must implement an independent living curriculum that prepares students for group home, community residence, or apartment living.

Recommendations

1. The State Department of Education should monitor carefully local school districts in cases where services to visually impaired students are inadequate and require necessary improvements. Monitoring teams from the State Department of Education should review all IEP's for visually impaired students to assure that services are adequate for them.

2. The State Department of Education should review its policy regarding IEP's for visually impaired students. It is recommended that all visually impaired students have an IEP regardless of the amount or type of special education they are receiving.

3. When special education and related services available for visually impaired students are not appropriate, the local district should contact a teacher/consultant qualified in vision to assist in planning an appropriate program for the students.

4. A qualified professional certified in the education of visually impaired children should assist in making placement decisions and in developing IEP's for these

students. If a local school district does not have qualified personnel, a consultant trained in vision should be provided them by the state.

5. Mainstreaming decisions should be made on an individual basis for each visually impaired child; further placement decisions should be made based on the individual student's needs and not according to the program options available in the local district.

6. Mainstreaming opportunities for students at the Mississippi School for the Blind should be expanded to include earlier placement and a greater variety of subjects. All students should be evaluated for possible mainstreaming.

7. A task force should be formed to begin collaborative planning of interagency agreements between the Mississippi State Department of Education, the Mississippi School for the Blind, and the Mississippi Vocational Rehabilitation for the Blind. The goal of these agreements will be to provide an improved continuum of services to blind and visually impaired students from birth to age twenty-one through an extension and clear delineation of each agency's role and a defined system of cooperation.

8. A working committee of appropriate MSB personnel and public school resource teachers should be formed to develop or adapt a usable curriculum covering the unique areas needed by the visually impaired. This curriculum would be used by the resource and regular classroom teachers in public schools.

9. The Mississippi School for the Blind should assist in locating or providing instructional materials for visually impaired students in local school districts.

10. The State Department of Education should provide incentives to local districts to encourage program development for visually impaired students. Examples would include increased allotments per visually impaired child, programs fully funded by the SDE, or incentive grants.

11. Certified orientation and mobility instructors should be assigned to work with all students (as needed) in a statewide program. These individuals would cover the state serving as consultants and/or providing needed training to students.

12. A centralized instructional resource center should be developed on the MSB campus. This resource center will serve the statewide program as well as campus needs. Special copying equipment and computer braille terminals should be purchased and housed in this center. The resource center will be responsible for providing braille and large print state textbooks and procurement and disbursement of American Printing House (APH) quota monies/materials.

13. A special summer educational enrichment program should be provided for visually impaired students attending public schools. Specialty subjects taught should include braille, advanced braille codes, orientation and mobility

training, and microcomputer technology. These students should also be provided educational and recreational activities that would enhance their educational programs in the local districts.

14. A diagnostic and evaluation center for visually impaired students should be housed on the MSB campus. Evaluations will be provided not only for residential school students but for visually impaired students in public schools as well. This center would require such personnel as psychologist, speech therapist, physical therapist, and occupational therapist. These individuals would also provide direct services to students at the MSB.

15. A low vision clinic should be initiated and housed on the MSB campus. This clinic will provide low vision examinations, prescriptions for appropriate optical needs, and information for teachers to assist in meeting the educational needs of the students. This clinic would be available to all students around the state from birth to age twenty-one. The services of a part-time ophthalmologist and a full-time teacher with expertise in low vision would be necessary to implement the program. Appropriate equipment would be needed to adequately equip the clinic.

16. Resource room teachers should be instituted for helping students who are falling behind in the graded system at the Mississippi School for the Blind.

17. Specialty teachers should be provided at the

MSB for instruction in braille, Optacon, special electronic devices, microcomputers, etc. The secondary level program at MSB should expand its vocational program as much as possible. New personnel should be employed to increase the programs offered and the number of students served. Work study and school job opportunities should be developed for teenagers.

19. Additional orientation and mobility instructors should be provided to meet adequately the needs of all students in the elementary, secondary, and multi-handicapped programs at MSB.

20. Two or three full-time recreational positions should be added. The individuals in these positions will coordinate recreational activities with the education and dormitory program at MSB. Services will be offered throughout the afternoons and weekends.

21. An independent living program at MSB should be designed and put into operation. This program should be coordinated with the housing staff and the daily living skills instructors. The program should be designed in such a way that by the time a student is a senior in high school, he will be able to live successfully for nine to eighteen weeks in an independent living apartment with only minimum supervision.

22. "Extended Day" IEP's should be developed as part of the IEP process at MSB. Emphasis should be placed

on leisure skills and independent living skills.

23. Students should be encouraged to go home at least once each month. Presently, local education agencies (LEA's) that have students placed in MSB provide transportation (or appropriate reimbursements) for the official openings and closings of the residential school only (approximately six trips annually). This transportation allotment should be increased to at least ten trips per year. This would allow students transportation to and from school at the opening and closing of the school year and a round trip home each month. A system of "going home weekends" should be instituted.

24. The system of using a WATTS line at night for students to make a weekly or bi-monthly phone call home should be reinstituted. This, too, would help to maintain the home contact and reduce the "restrictiveness" of the residential program. Money should be provided in the MSB's budget for this program.

25. Local school districts (LEA's) should take a more active role in monitoring their students' attendance at MSB. When students do not return to school on time, the LEA should attempt to locate the student and arrange for his return to MSB.

26. LEA's that have placed or requested placement of students in MSB should take an active role in assisting parents to attend IEP meetings or other parent conferences requested by MSB.

27. A grants person should be employed by MSB for the specific purpose of writing grants to obtain federal and other funding for expansion of MSB's programs.

28. An evaluation should be undertaken to review MSB's non-graded structure in the elementary program.

29. A university training program should be developed to prepare professionals in the area of multi-handicapping conditions and provisions made within the state certification code for a multi-handicap teaching credential.

30. A hotline telephone service should be established between LEA programs for the blind/visually impaired and the Mississippi School for the Blind for consultation regarding behavioral, family, or curriculum problems.

31. A statewide computer-based information and dissemination system should be funded to support educators, other professionals, and families of the visually impaired.

32. The Mississippi legislature should appropriate funds for the continuation of the building program at MSB. However, there should first be a total review of the present building program plans.

CHAPTER 4

POST-SECONDARY PROGRAMS

Task Force III: Post-Secondary Programs was given the following charges at the commencement of this study:

a. To focus on blind and visually impaired adolescents and the need for, and availability of, special adaptive programs in areas such as vocational-technical education, community college, junior college education, and four-year college education.

b. To work on adequate social and pre-vocational adjustment training for this age group and the needs of non-academic students.

c. To review the current relationship between vocational rehabilitation and special education services with possibilities for expansion or articulation of vocational and educational services for this age group.

The following questions suggested the general content to be reviewed and provided guidance to the Task Force:

a. What is the placement rate of blind and visually impaired students leaving school during the past ten years?

b. What financial arrangements are made for students attending college?

c. What programs should be available at vocational-technical centers that are appropriate for blind and visually impaired students?

d. What would be the financial support problems incurred and how would adequate financing be obtained?

e. Should there be more vocational-technical training available for blind and visually impaired young people in the state?

f. Should there be additional supportive help for blind and visually impaired students attending four-year colleges or universities in Mississippi?

g. If so, what kind of help should there be, and how many students can be expected to benefit?

h. What is the current role of vocational rehabilitation in serving blind and visually impaired students in Mississippi.

i. What changes, if any, should be made in this role?

j. What role should non-school programs such as Mississippi Industries for the Blind, Royal Maid Industries, and Allied Enterprises play in the career preparation of students who go through non-academic preparation programs?

k. What services of the Addie McBryde Rehabilitation Center could be provided to visually impaired adolescents?

The transition from high school to post-secondary educational programs represents more than a simple transfer from one school to another. The visually impaired student must also adjust, in many cases, to a very different and unsettling set of experiences in a short time. The student must meet new personal, social, and daily living skills, as well as intellectual and academic demands to be successfully integrated in this new setting.

Personal management, orientation and mobility, and counseling, as well as academic programming are some areas that help to determine the potential success of visually impaired students so that they may compete successfully in all facets of college life. Task Force III included in its agenda an interest in such areas as orientation and mobility, communication skills, techniques of daily living and socialization skills, since these areas relate to post-secondary skills. Although developing proficiency in these areas should begin in early childhood, the lack of these non-academic skills can be disastrous for the college student who is visually impaired. Rehabilitation counselors, the Mississippi School for the Blind, and students and parents must recognize the importance of these areas. Academic success alone is not sufficient for the student with a visual impairment.

Post-Secondary Educational Programs Available to Visually Impaired Students

The citizens of Mississippi are served by twenty junior college districts that are strategically located on twenty-seven campuses throughout the state. Through these institutions post-secondary educational programs and services are within commuting distance of virtually every citizen.

The state of Mississippi is also served by eleven senior colleges and four degree-completion branch campuses of the state's three major universities. This network of public senior college campuses makes senior level post-secondary educational programs and services accessible to the state's population.

The curricula of these post-secondary institutions offer a comprehensive range of programs and services. Vocational-technical programs designed to prepare the student for immediate employment are available throughout the junior college system. Baccalaureate through doctor's degrees in the professions are available through the state's senior colleges. The first two years of academic preparation for a professional degree are available in the junior colleges as well as the senior level institutions.

As can be seen from the above description of the available public post-secondary institutions, the state of Mississippi provides adequate post-secondary educational programs and services to meet the needs of its average

citizens. However, few junior or senior colleges in the state are presently offering adequate special services for the visually impaired college student.

A study of post-secondary education programs and services for the visually impaired was made to determine the need for and availability of adapted or special programs and services for visually impaired persons in the area of junior college and four-year college education. This study included education and training at the post-secondary level in vocational-technical occupations as well as in the professional fields. In analyzing the current status of post-secondary programs and services, the study included only in-state institutions. Vocational rehabilitation services provided for the visually impaired in Mississippi were also part of the study. From the findings several recommendations believed necessary to provide the needed post-secondary programs and services for the visually impaired have been summarized at the end of this section.

This survey included all public and private universities and junior colleges in determining the special services provided for visually impaired students. The survey was made by telephone and by two questionnaires found in Appendix E. The results show that Mississippi post-secondary schools typically offer only the minimum services required by Section 504 of the Vocational Rehabil-

itation Act of 1973 related to support services for visually impaired college students. These support services generally consisted of personal counseling, vocational and career counseling, and vocational assessment. These support services were also found deficient by counselors of the Mississippi Vocational Rehabilitation for the Blind on their clients who were enrolled in post-secondary schools. See Appendix D for the questionnaire completed by Rehabilitation Counselors of the Blind.

In summary, many barriers to students' successfully attending post-secondary institutions were identified. Some of these were (1) the lack of available support services for visually impaired students in the state's public colleges and universities; (2) the absence of adequate counseling services, both for the visually impaired students and their parents; and (3) the deficiencies in academic and independent living skills that the visually impaired high school graduate has that can be partially overcome with the provisions of adequate support services at the post-secondary institutions and through the rehabilitation agency. However, the prevention of these deficiencies beginning at a very early period in the educational developmental period must be the goal.

Recommendations

1. Public school elementary and secondary special education programs should revise their curricula toward vocational preparation and independent living skills training for visually impaired and other handicapped students.

2. Public school elementary and secondary special education and vocational education administrators, counselors, and instructors should receive in-service and pre-service training related to providing vocational training services for visually impaired and other handicapped students.

3. The Mississippi School for the Blind should fund a vocational counselor position to provide vocational and career counseling services.

4. The Mississippi School for the Blind should orient its elementary and secondary curriculum toward vocational preparation, to include vocational evaluation, vocational training, and career counseling.

5. Each junior and senior college should have a counseling/support service professional assigned to work with visually impaired and other handicapped individuals. Such an individual should have training and possess an understanding of disabled persons and support services. The responsibilities of such an individual should include

the following:

a. outreach and recruitment of visually impaired and handicapped students;

b. consultation with instructors regarding adaptive instructional techniques;

c. counseling with handicapped students; and

d. coordination of services with Mississippi Vocational Rehabilitation for the Blind and other appropriate agencies.

6. Vocational-technical schools, in cooperation with other appropriate agencies, should develop comprehensive vocational evaluation centers for handicapped and disadvantaged persons that may assist them and others with special needs in the selection of appropriate vocational programs. (Models provided by Georgia, Florida, and Minnesota are examples to follow.)

7. Each junior and senior college should provide training to counselors, academic transfer teachers, and vocational-technical instructors regarding disabilities and adaptive instructional techniques.

8. Universities, in cooperation with the Mississippi Rehabilitation Agency for the Blind, should develop a plan for improving accommodations and support services for visually impaired persons. The staff of the Mississippi Rehabilitation Center for the Blind should provide in-service training for coordinators of disabled student services.

9. Post-secondary schools should provide more specific assistance in developing job seeking skills and placement services for the handicapped students.

10. Counselors for the Mississippi Vocational Rehabilitation for the Blind (MVRB) should expand the agency's assistance to public schools, junior colleges, and university counselors and instructors regarding support services, instructional adaptations, and counseling services.

11. MVRB counselors should insure that a comprehensive assessment of a student's skills and needs occurs prior to entrance into vocational-technical training, junior colleges, or universities.

12. MVRB counselors should expand the agency's use of data gathered from surveys to assist in sensitizing counselors to needs and potential problems of visually impaired persons in junior college, vocational-technical schools, and universities.

13. MVRB, in cooperation with vocational education, should fund a position for a consultant to work statewide with vocational-technical instructors to develop instructional adaptations in various programs.

14. To enhance the transition of older visually impaired children to the world of work, facilities in the state (to the extent possible) should begin to relate to the children at age fourteen. MVRB counselors should

systematically work with visually impaired students and their educators beginning as early as the Vocational Rehabilitation Act permits.

15. Long-range career development plans should be developed using Mississippi Rehabilitation Center for the Blind, Royal Maid and other facilities that have summer programs.

16. The Mississippi Rehabilitation Center for the Blind should maintain its present services and expand vocational training offered by the Center.

17. The Mississippi Industries for the Blind should expand its program to include the following:

a. developing a work adjustment program;

b. providing additional support and social services such as child care;

c. developing a position for employee relations to improve administration and employee relationships; and

d. providing more training in production and identification and training of potential supervisors.

18. The Regional Rehabilitation Center, Royal Maid Association for the Blind, and the Ellisville Center for the Multihandicapped Blind should continue to support their programs and services.

19. The Mississippi School for the Blind and Royal Maid Association for the Blind should develop a cooperative work study program.

20. Royal Maid Association for the Blind should be encouraged to open a facility in the Gulf Coast area.

CHAPTER 5

PROFESSIONAL PREPARATION

Task Force IV: Professional Personnel Preparation was given the following charges at the commencement of this study:

a. To be concerned with issues related to the supply of competent, qualified professionals to serve blind and visually impaired children.

b. To review the preparation for teachers of visually impaired persons and also those individuals who provide related support services.

c. To provide recommendations for pre-service and in-service personnel preparation.

d. To determine how available resources can be enhanced to insure quality professional services and competent personnel in areas such as mobility and low vision aids.

The following questions suggested the general content to be reviewed and provided guidance to the Task Force:

a. How many teachers are involved in educating blind and visually impaired children in Mississippi?

b. What is the status of the preparation for these teachers?

c. What are the current state requirements to teach the blind and visually impaired?

d. What should the state requirements be?

e. How many teachers of the blind and visually impaired are required to meet the needs of Mississippi students?

f. How many new teachers will be required each year?

g. Should Mississippi attempt to prepare these teachers, or should needs be met from out of state? Should teachers be recruited from out of state?

h. If Mississippi prepares its own teachers, what should a quality program require, and where should it be located?

i. What should be the number of staff and qualifications of staff members for an acceptable teacher training program?

j. What special preparation and skill development are required for blind/multiply handicapped children?

k. What types of in-service training should be provided for professional staff?

l. What special training should be provided for house-parents at the Mississippi School for the Blind?

m. Is there a need for social workers with special skills to work with visually impaired children?

n. If so, what kind of special skills should they have and what arrangements can be made to fill this need?

o. In what other professional areas do needs exist?

p. Is there a need for certification standards for houseparent personnel?

The focus of this Task Force was on the critical topic of preparation of personnel to serve visually impaired children. The term "preparation" is meant to include both pre-service and in-service education. Indeed, the preparation of professional personnel in this area should be one intact sequence; it should be a continuum that spans both pre-service and in-service educational activities.

One problem faced by Task Force IV was to develop a sensible and responsible solution to the preparation of personnel so that, in future years, every visually impaired individual who needs service by a highly specialized professional will, in fact, receive the service no matter where he resides in Mississippi. Further, greater emphasis must be stressed in continuing education activities to increase and update the competencies of current personnel and to fit existing personnel into a rapidly changing service area (for example, to serve better the ever expanding multiply handicapped-blind population at the Mississippi School for the Blind).

Professional Preparation Programs

Blind and visually handicapped children in Mississippi require a comprehensive array of services from well-educated, dedicated professionals. The services required by these children are provided by professionals in the fields of education of the visually impaired, orientation and mobility training, rehabilitation teaching, low vision instruction, and dormitory counselors and house parents.

Training Programs for Teachers of the Visually Impaired

Presently, two universities list courses for the preparation of teachers of the visually impaired in Mississippi: the University of Southern Mississippi and Jackson State University. Neither university reports sufficient enrollment levels or student interest to offer these courses on a regular schedule or to employ a full-time faculty member(s) to teach these courses. These programs have a variety of deficiencies and meet few of the professional standards for personnel preparation recommended by the Council for Exceptional Children (CEC).

These CEC standards for the professional preparation of personnel in the education of the visually impaired are briefly summarized and should include specialization in the following content areas:

a. The influence upon children of various types and degrees of visual impairments (for example, social and emotional characteristics of visually handicapped children, significance for education).

b. The educational implications of eye conditions (for example, anatomy and physiology of the eye, functional implication of common visual impairments).

c. Identification and placement of visually handicapped children (for example, understanding of the teacher's role in screening, educational planning, and school programming).

d. Educational procedures for children who are visually handicapped (for example, special instructional techniques, materials preparation, program planning, adaptations, and modifications).

e. The teaching of communication skills (for example, reading and writing by means of braille and/or print, typing, and listening skill development).

f. Orientation, mobility, and daily living skills (theory and practicum experience in teaching skills for coping with the environment).

g. Educational appraisal and remedial techniques in the basic skill subjects (theory and practicum experience in teaching and appraising children with learning problems, remedial reading, remedial arithmetic, etc.)

h. Practicum experience with visually handicapped children (including directed observations, demonstrations, participation, supervised teaching, and individual case studies of visually handicapped children).

i. Information on local, state, and national resources for the education and assistance of children who are visually handicapped.

Further, the CEC standards require provisions be made for (a) supervised teaching of children with varied eye defects and levels of visual functioning and (b) supervised observations of the different types of education programs for children and youth who are visually handicapped, involving day and residential schools. The laboratory experiences program should be strengthened, as appropriate, by available college and community resources in such disciplines as medicine, psychology, social work, counseling and guidance, and other related fields.

Orientation and Mobility Instructor

The orientation and mobility instructor helps visually impaired persons of all ages travel safely, efficiently, and confidently in a variety of travel environments using such adaptive devices as white canes, low vision aids, and electronic travel aids. Presently, there is no program in Mississippi to train such specialists. In the geographic

region, there are undergraduate and/or graduate programs at Talladega College, University of Arkansas-Little Rock, Florida State University, Peabody College, and Stephen F. Austin State University.

Rehabilitation Teaching

The rehabilitation teacher assists visually impaired persons in adjusting to everyday activities in the home and at work, such as cooking, cleaning, personal hygiene, and communication skills. Presently, there are no preparation programs in Mississippi to train rehabilitation teachers. In the geographic region, there are programs at the University of Arkansas-Little Rock and Stephen F. Austin State University.

It is estimated that the visually impaired population will increase over the next decade by 12 percent to 585,000 persons. Presently, univeristy training programs produce 130 to 140 orientation and mobility graduates and approximately seventy rehabilitation teaching graduates. Recent studies have indicated an ever increasing demand for these professionals.

Dormitory Counselor/Houseparent

A dormitory counselor or houseparent is an individual who resides with children enrolled in the Mississippi School for the Blind and who is responsible for the

extracurricular activities of children enrolled at the school. At present, there are no certification standards enforced in the state of Mississippi for dormitory counselor/houseparent personnel.

Houseparents perform a significant function in the lives of visually impaired children at the residential school. They are not only the parent figure for many of the children, but they also must perform the role of the recreation director, counselor, personal hygiene teacher, etc. They must be capable of understanding children's needs and must know what expectations to put before a child. They must know how to relate to the children, and they must understand the psycho-social implications of blindness.

Problems in Teacher Availability/Preparation

The present requirements for obtaining the Mississippi Area 35 Teacher of the Visually Impaired Certificate do not include the necessary coursework to prepare a person adequately to teach visually impaired children. Present state requirements for certification as a teacher of the visually impaired are substandard. Consequently, most holders of this certificate are minimally qualified, at best, to teach visually impaired children.

University training programs should be encouraged only if it can be demonstrated that their programs can meet the CEC standards within a period of three years from

the date of the beginning semester of enrollment of students in the program. Further, universities considering establishing programs to prepare teachers of the visually impaired should give consideration to future job markets for these teachers. Current estimates show a need for about fifty-five teachers in Mississippi, and many of the present teachers are inadequately prepared. The annual turnover rate in the teaching profession is approximately 10 percent. Thus, if the shortage of qualified teachers is filled, it can be anticipated that Mississippi will need approximately eight new teachers of the visually impaired each year for the entire state. These teachers may have to be recruited from universities in other parts of the United States. Obviously, a more competitive salary scale in Mississippi would attract some of these teachers.

Specific Manpower Needs in the Professional Fields

Data on the numbers of teachers of the visually impaired children in the state of Mississippi were obtained from the State Department of Education Comprehensive Manpower Status Report (1984), data secured from the State Department of Education (1985), the Mississippi School for the Blind, and from on-site visits to public schools. During the 1984-85 school year, thirty-three teachers were listed at the Mississippi School for the Blind and four in public schools for a total of thirty-seven.

In the Task Force report on Search, Evaluation, and Placement it was noted that 461 visually impaired children of school age were identified in 1984. At an average ratio of five children per teacher, these figures would indicate a total need for approximately ninety-two teachers prepared to teach visually impaired children. Presently, there are fifty-four individuals who hold the Area 35 Teacher of the Visually Impaired Certificate from the State Department of Education. Of these fifty-four individuals, ten are currently employed by the local school districts; however, only three of these individuals are functioning as classroom teachers of the visually impaired. It should be noted that many teachers hold two or more teaching certificates. The State Department of Education reported that an additional thirty-three individuals hold the Area 35 certificate and are employed at the Mississippi School for the Blind. Based on a low estimate of the Mississippi population of 461 visually handicapped children, it is recommended that the numbers of professionals in each of the identified fields reach the levels shown in Table 5. The two orientation and mobility specialists are employed at the Mississippi School for the Blind, whereas eight additional specialists are needed statewide. Ten rehabilitation teachers are also required throughout Mississippi.

Table 5

Projected Number of Additional Professional Personnel Needed

Discipline	Present Number	Additional Number Needed	Total
Teachers of the visually impaired (1 teacher: 5 students)	37	55	92
Orientation and mobility specialists	2	8	10
Rehabilitation teachers	0	10	10
Total	39	73	112

Recommendations

The following recommendations are based on the identified annual, minimum numbers of additional professionals per discipline needed to meet the educational needs of the blind and visually handicapped children in Mississippi. The additional professionals needed by discipline include teachers of the visually impaired--eight, orientation and mobility specialists--four, and rehabilitation teachers- four. These additional numbers will be replacements for numbers cited earlier.

1. To meet the education needs of blind and visually handicapped children in Mississippi, it is recommended that financial resources be made available to the

Mississippi School for the Blind, local school districts, and the Learning Resource Centers to employ appropriate numbers of professionals in the disciplines of teachers of the visually impaired, orientation and mobility, and rehabilitation teaching.

2. To meet the manpower needs of the Mississippi School for the Blind, local school districts, and the Learning Resource Centers, it is recommended that funds be made available through the state appropriations process which will support the higher education of individuals at such levels as will produce eight teachers, four orientation and mobility specialists, and four rehabilitation teachers annually.

3. It is recommended that Mississippi meet its manpower needs by providing grants-in-aid annually (or loans in case the recipient elects not to fulfill the terms of the grant-in-aid) to eight individuals desiring careers in the education of visually impaired children, four individuals in orientation and mobility, and four individuals desiring careers in rehabilitation teaching. These grants-in-aid would include funds to cover tuition costs and living expenses. Each recipient would not be required to repay the money in exchange for a minimum of two years employment in the state working in their specialty. If the recipient elected not to work in Mississippi after the receipt of support, the grant-in-aid would be converted to a loan with

a reasonable repayment schedule including interest.

4. While it is hoped that the educational resources of Mississippi will be used to meet the needs of professionals serving the blind and visually handicapped children in the state, it is not recommended, because of high program costs and low enrollments, that new programs be initiated in professions of orientation and mobility and rehabilitation teaching as these educational programs are available in surrounding states.

5. It is recommended that school districts, the Mississippi School for the Blind, and the Learning Resource Centers identify and encourage persons from their staffs who are interested in and suitable for careers in this field to apply for a grant-in-aid in one of these disciplines.

6. It is recommended that the Mississippi School for the Blind, local school districts, and Learning Resource Centers actively recruit graduates from the existing professional programs for employment in Mississippi by offering salaries, working conditions, and continuing educational opportunities that are comparable to those in other states in the region.

7. Institutions of higher education in Mississippi should not be encouraged to undertake or continue a preparation program in the education of visually impaired children if they do not possess, or will not develop, adequate faculty resources and practicum programs to carry out such a program.

8. New counselor/houseparents should have completed two years of college or a minimum of sixty semester hours with an emphasis on child development, recreation, and psychology. Specific work should include activities and recreation for visually impaired children, dormitory management, first aid and health care. Current employees who cannot demonstrate a knowledge of these areas should be provided in-service training.

9. Counselor/houseparents should have in-service training in braille, mobility, and vision training which will carry over from the classroom to the dormitory setting so that a child will experience more than a six-hour-day educational program.

10. All currently employed teachers of the visually impaired who do not meet the CEC standards should be given five years (from the date of implementation of these standards) to obtain the coursework in the area(s) in which they are deficient. Five years from the date of the implementation of the CEC standards the Area 35 certificate for teachers of the visually impaired should become obsolete.

11. Emergency permits or provisional certificates that allow individuals to teach who do not meet the minimum requirements for teachers of the visually impaired should:

a. be allowed to be renewed only twice, and then only if the individual holding the provisional certificate has attended a minimum of three workshops per

year sponsored by the State Office of Special Education and has successfully completed six semester hours in one of his deficient areas each year.

b. be abolished five years from the date of implementation of the new standards.

CHAPTER 6

COMMUNITY SERVICES

Task Force V: Community Services was given the following charges at the commencement of this study:

a. To address the needs and alternatives for providing a range of community services for blind and visually impaired persons, including accessible health and mental health services.

b. To review other services including continuing education opportunities, reader services, transportation services, and areas that may assist blind and visually impaired persons to obtain more fully their rights and benefits as citizens.

The following questions suggested the general content to be reviewed and provided guidance to the Task Force:

a. What needs exist in the area of continuing education?

b. Where should continuing education programs be offered?

c. How should they be financed?

d. What are the mental health needs of blind and visually handicapped children and adults, and which agencies should serve them?

e. Are information and referral services adequate throughout the state?

f. Is there a need for a coordinating agency to direct parents of blind and visually impaired children to those agencies that are already established and appropriate for their particular needs?

g. Should the facilities of the Mississippi School for the Blind be made available for social and recreational purposes for blind persons?

h. Do other non-vocational rehabilitation services need to be provided (i.e., independent living, visual aids, legal assistance)?

i. What other community services are being or should be provided for visually impaired persons?

The area of Community Services can be broadly defined to cover a variety of service areas. The efforts of this Task Force complemented the endeavors of the other groups in the study. Task Force V took a life span approach in addressing the visually impaired. The following areas were considered in this report: Housing, Leisure Activities, Orientation and Mobility, Transportation, Advocacy/Legal Concerns, Health, Mental Health/Counseling, and Social Services.

When services within the state were reviewed, there was evidence of duplicative endeavors as, fortunately, many service providers offer an array of services. Also, few

services were found specifically designed and implemented for visually impaired people, thus, requiring utilization of generic services and networking with agencies providing services to handicapped citizens other than, but not exclusive of, visually impaired people. This chapter will provide a synopsis of the various areas studied followed by recommendations at the end of this section. Additional information is available in Appendices F and G.

Housing

For appropriate living arrangements to be available to the visually impaired person to foster as much independent living as possible, a continuum of alternatives will be required ranging from skilled nursing facilities to unsupervised living, such as in his/her own home, through either a formal agency or an informal support system (family, friends). This continuum is available within the state, but neither in the amount nor in the locations necessary to meet the needs of this population. Basically, what our citizens have had available to them is one of several options: (1) living with their families, (2) living by themselves, or (3) living in either intermediate care or skilled nursing care facilities, causing an overdependence on the nursing home beds and often leading to inappropriate placement. Further, this arrangement has imposed unnecessary cost to the state and federal taxpayer.

The primary area for living alternatives in Mississippi has been in the network of housing available to persons with developmental disabilities who may or may not be visually impaired. The opportunity to develop, implement, evaluate, and refine a continuum of living arrangements would provide choices as the visually impaired person's level of dependency or independence changed. Helping to decide on housing options from a dependency-interdependency continuum based upon a functional assessment would allow such persons greater control of their lives and, at the same time, would prove to be more cost effective. Required in this effort, however, is the necessary coordination and cooperative endeavors of state and private agencies concerned with these individuals and their families.

Leisure Activities

Leisure activities may be in the form of structured recreational experiences or those with less structure. This area must consider the unique characteristics and interests of each individual. What is recreational for one may be considered laborious or boring to another. Two approaches in the provision of recreational services for the visually impaired include (1) the integration into recreational services available to all within the community and (2) the development of a specialized recreational program. Due to the heterogeneity of this population and their

dispersement throughout the state, the latter alternative does not appear feasible. In order for the integration of the visually impaired to be successful, several issues must be addressed. These include transportation, awareness of what is available, and the attitudes of service providers, as well as those of the recipients. These concerns must be recognized and successfully resolved. The area of leisure education is one in which a concerted effort should be made to develop skills so that educated choices for recreational activities become a part of the education of the visually impaired children, as well as adults who are adventitiously blind or visually impaired.

Orientation and Mobility

To the visually impaired citizen of Mississippi, mobility is the key to independence. Presently, training and skills in orientation and mobility are probably the most lacking service areas to persons in this state. Currently, the only places where training is available under professional orientation and mobility specialists is at the Mississippi School for the Blind, the Rehabilitation Center for the Blind (both in Jackson), and the Regional Rehabilitation Center located in Tupelo. With the present emphasis on mainstreaming of the school-age child, this lack of mobility training will be a serious gap in his/her educational experience. An orientation and mobility summer

camp program for these students or the employment of itinerant orientation and mobility instructors may be a partial solution to this dilemma.

Transportation

Outstanding services to visually impaired persons may be available at no charge, but ways must exist to make such services accessible. The major problem in rural states, as well as cities without adequate public transportation, is the inability to take advantage of available services because of a lack of transportation.

The distribution and heterogeneity of this population require creative approaches to finding a solution. Informal transportation provided by family and friends has been and will continue to be the number one method of bringing clients and services together. The transportation services coordinated through the Mississippi Department of Energy and Transportation are helping to meet this need and will increase as local input requests that such services be available to elderly and handicapped individuals. Many private, non-profit agencies also provide transportation to their locations in order to maximally utilize the services they provide. Again, creativity is imperative if needs are to be met.

Advocacy/Legal Concerns

The necessity of advocacy services, either on a formal or informal basis, cannot be overemphasized. Many generic and some specialized services are available to visually impaired individuals. They must be made aware of these services and provided information on how to take advantage of them. Service providers often advertise and speak to civic clubs requesting applicants; however, many potential recipients either fail to receive this information or fail to avail themselves of the services for which they are eligible. Unfortunately, situations also exist where efforts are made to obtain services and, for various reasons, clients are denied access by the provider. In these instances, the mission of the agency and risks of change may take precedence over opportunities available to the client. More often the formal services of the advocacy system are required in such situations.

Health

The necessity for comprehensive health services ranges from the moment of conception to the time of death. Efforts to prevent visual impairment by fostering quality prenatal care cannot be ignored; neither can the importance of natal and postnatal care be ignored. Efforts should be made to decrease the amount of adventitious blindness among

all our citizens. In order to meet this challenge, knowledge and information of the array of services currently available will be required, as well as knowledge of how to gain access to these services. Services are available in many areas of the state; however, the central problem lies in developing a linkage between the potential provider and the potential recipient, as well as developing an inter-provider linkage system which complements all of the state's services.

Mental Health/Counseling

A positive self-concept is imperative for anyone if he/she is to utilize other potential assets. The origins of a positive self-concept begin quite early in life. With the visually impaired person, early learning is more strongly based upon the perception of parents and family. Many parents are either unprepared or ill-prepared for the birth of a child with a severe visual impairment; therefore, parent education programs and parent counseling are required.

It is reported that 85 percent who are blind have sustained blindness after childhood in adult life and have experienced great losses emotionally, physically, and socially. Again, this event calls for counseling services being available to the individual as well as to the family. In many ways, the adventitiously blind is a new person, and the psychosocial ecological system must adjust and adapt.

Relationships must be perceived as being interdependent with everyone assuming the role of the giver, as well as receiver. Counseling services are available throughout the state but not in the quantity and quality necessary to meet the needs of all of the citizenry. A cooperative networking approach is required.

Social Services

The availability of social and health services, regardless of diagnosis, probably comes closest to being accessible statewide for those community services that are available to all citizens. Even when social services are established specifically for the visually impaired, they are often located in specialized areas of the state requiring either the provision of transportation services or the temporary relocation of visually impaired persons. At times, this approach is not preferred even when it is feasible. Knowledge of available services is not always widespread. Too often when awareness is present, the individual may not possess the skills or the means necessary to obtain such services. Emphasis should be placed on case management services to the visually impaired that would greatly facilitate the utilization of both generic and specialized services which are currently available. Such an approach would provide necessary data for the expansion of current services, as well as the development of needed services to meet the unique needs of these individuals.

Recommendations

1. Since the visually impaired population comprises an extremely heterogeneous group with respect to virtually every attribute, various residential options should be available in order to provide a reasonably "good fit" for those with differing individual needs.

2. Community services should begin early in life for visually impaired persons or as soon as the condition presents itself.

3. Cooperative, collaborative, complementary endeavors should be developed among both the public and private sectors to utilize maximally resources currently available.

4. Although case management services are not a panacea for all of the difficulties encountered by visually impaired individuals, such services should be encouraged for many community problems.

5. Efforts should be mounted to alleviate the dearth of services available to visually impaired persons because of their locale or the lack of skills needed to gain access to services.

6. No living arrangement for visually impaired persons should be considered "appropriate" for a prolonged period of time but should be based according to the present needs and as characteristics fluctuate.

7. Recreation services should be provided as close as possible to the visually impaired person's locale and commensurate with the norms and patterns of the mainstream of sighted society.

8. Visually impaired persons should be provided opportunities to develop knowledge and skills in recreational activities.

9. An orientation and mobility camp as well as itinerant instructors in orientation and mobility should be made available to visually impaired persons.

10. The Young Lawyers of the Mississippi Bar Association, Committee on the Law and the Handicapped, and other groups concerned with advocacy/legal matters should be asked to contact periodically agencies, organizations, and centers that serve visually impaired persons to inform them of the availability of legal/advocacy services.

11. An inter-provider linkage system should be developed for visually impaired persons that would include a statewide computer-based information retrieval system.

12. Staff in the state mental hospitals should consult with professionals who work with the visually impaired.

13. The Department of Mental Health should disseminate information to mental health personnel to enable them to provide better services to visually impaired persons.

14. Programs of a specialized nature that foster independent living for older adults should be established in Mississippi for people who are lacking in independent living skills, are blind, and most likely to end up in a costly care facility.

15. Specialized agencies for the blind should offer training to the administrative and support staff of private care institutions, agencies, and state institutions, including professional groups such as OTs, PTs, nurses, recreation facilities, etc.

16. Camps for young blind children should be established. These camps may also serve adults for education and training purposes. (Contact Lions Club organizations in Georgia, North Carolina, and Florida for models.)

17. The specialized agencies for the blind should develop a joint prevention program in the state with the Health Services Department.

18. Direct specialized services to visually impaired persons should be made available through caseworkers or rehabilitation teachers. With contact by the rehabilitation teachers or caseworkers some assurance would be given that a valid social service referral can be made to an appropriate social service agency, usually within the Department of Human Services. (See models in Alabama, Florida, Georgia, and Tennessee--all of these states support direct specialized services to blind persons through caseworkers or rehabilitation teachers.)

CHAPTER 7

EPILOGUE

It is recommended that at five-year intervals a periodic reassessment be made of the educational and community needs of visually impaired children and youth in the state of Mississippi. It may not be necessary to make such an extensive study as was conducted in 1984-85 resulting in this report; however, it is advised that a statewide commission be appointed specifically to review the situation in the state, looking particularly at the status of the implementation of recommendations made in this report (and subsequent reports), and determining what new recommendations should be made at that time. In order to designate the responsibility for such future assessments, it is recommended that the Board of Trustees of the Mississippi School for the Blind establish this action as a matter of board policy.

This study to develop a Statewide Comprehensive Plan for Educational and Related Services to Blind and Visually Handicapped Children in Mississippi was deemed to be an important undertaking by the Board of Trustees of the Mississippi School for the Blind. The Governor of Mississippi agreed with the Board of Trustees as to the

importance of such a study, with the board providing the needed funds. The development of the plan has involved many interested citizens in the state, with the study and subsequent recommendations covering a wide spectrum of activities. They included search, evaluation and referral, educational programs in various settings from preschool through post-secondary programs and on into continuing education programs, the preparation of both part-time and full-time professional personnel, and mechanisms to provide community services that are available to blind and visually handicapped children.

A number of recommendations have resulted from the work of each Task Force and the impact of the total report. These recommendations represent needed actions by many different kinds of groups and agencies. To carry out some of the recommendations new legislation would need to be introduced and passed. Other recommendations would require either the repeal or the amendment of certain items of legislation that are currently in effect. The implementation of other recommendations will necessitate new or changed regulations on the part of the State Board of Education and the State Department of Education. To carry out certain other recommendations action will need to be taken by the Board of Trustees of the Mississippi School for the Blind. The implementation of other recommendations will require programmatic changes at certain universities within the state.

The implementation of this report and the state comprehensive plan is not an all-or-none proposition. As outlined above, implementation of various parts of the plan will require action on the part of numerous agencies within the state. Mere acceptance of the plan with few or no steps taken to implement its various parts will mean that the money expended by the state of Mississippi for planning, and the time, effort, and energy invested by many people toward this statewide comprehensive plan, will have been wasted.

In order to insure the implementation of the various aspects of this plan, it is strongly recommended that the Board of Trustees of the Mississippi School for the Blind establish and finance a special position within the agency. This action should include both salary and operating expenses for a person who will have the responsibility continually to follow up the many individuals and agencies who are concerned with the carrying out of this plan, so that action will be taken to implement its various recommendations. The individual filling this position should be a knowledgeable resident of Mississippi who is able to reach and communicate with people on the decision-making level in the various agencies and groups concerned. This individual would receive guidance from and continually report to the Board of Trustees. A key individual must be given the specific responsibility and tools to carry out

this duty for any significant implementation of the plan to occur. Without such action, this plan will likely gather dust in a file, as has been true of many other studies and plans in other areas in the past.

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APPENDIX A

MISSISSIPPI STATE SURVEY OF VISUALLY IMPAIRED CHILDREN AND YOUTH, 1984-85

The first state survey of visually impaired children and youth was conducted during the fall of 1984 by the University of Mississippi's Research and Training Center for the Handicapped on behalf of the Statewide Comprehensive Plan for the Education of Blind and Visually Handicapped Children. This survey was used to provide a statewide data base on visually impaired students to be used for the statewide planning project. The starting point for the survey was the assumption that a "blueprint for the future" for the educational and related services could be greatly enhanced by thoroughly understanding the characteristics of students in relation to the special educational services they receive.

Information on educationally relevant characteristics is presented in order to portray from a statewide perspective the group of visually impaired children and youth in Mississippi who are currently receiving or are eligible to receive educational services. This report presents an analysis of some items from this survey.

Questionnaire Development

The development of the survey instrument was a joint effort by personnel of the Mississippi School for the Blind, the Mississippi State Department of Education, and the task force members of the Mississippi Statewide Planning Project for the Delivery of Educational and Related Services for the Blind and Visually Impaired Children. The questionnaire at the end of Appendix A was based on the particular need for information to assess severe visual impairment of children within Mississippi.

Chronology of the Survey

Identification of the schools and programs in Mississippi serving visually impaired children and youth was a first necessary step in the survey. This was accomplished with the assistance of various personnel mentioned above. Subsequently, questionnaires were completed on visually impaired students from the following four programs:

1. public schools
2. private schools
3. Mississippi School for the Blind
4. state residential schools for the mentally retarded.

Questionnaires were completed on every child at the Mississippi School for the Blind and at the state schools for the mentally retarded. All known public and private

school children were also included in this survey if their visual impairment was severe enough and was reported.

Data Processing

The completed questionnaires were processed by the University of Mississippi Research and Training Center staff using the UM computer system. The data were entered directly onto computer disks via terminals using a program designed specifically for this survey and tabulated by means of this program package.

Mississippi Student Data File

A small majority of the students surveyed, 56.4 percent, were male, a percentage fairly typical of other data on handicapped children. This contrasts somewhat with the population at large, in which females slightly outnumber males. (See Table 1.)

Table 1. Sex Distribution

	Frequency	Percent
Male	260	56.4
Female	188	40.8
Not reported	13	2.8
Total	461	100.0

The pattern of the age distribution suggests progressive likelihood of entry into special education enrollment after age six and a decline in special education enrollment after age eighteen. To what degree these trends

reflect specific special education services patterns or population differences among the age cohorts remains to be determined. (See Table 2.)

Table 2. Age Distribution for Visually Impaired Students in Mississippi, 1984-85

Age	Frequency	Percent	Age	Frequency	Percent
1	7	1.5	12	39	8.5
2	2	.4	13	28	6.1
3	6	1.3	14	32	6.9
4	6	1.3	15	26	5.6
5	7	1.5	16	29	6.3
6	10	2.2	17	24	5.2
7	22	4.8	18	30	6.5
8	24	5.2	19	22	4.8
9	24	5.2	20	15	3.2
10	39	8.5	21+	10	2.2
11	27	5.9	Not reported	32	6.9
Total				461	100.0

The ethnic backgrounds of Mississippi students are summarized in Table 3. The most notable aspect of the table is that 44.7 percent of visually impaired students statewide were black. Students of Hispanic origin in Mississippi represented less than 1 percent of those reported to the survey. (See Table 3.)

Table 4 shows the 461 students reported to the Mississippi Survey according to the type of special education programs in which they were enrolled during the 1984-85 school year. A majority of the students (57.5 percent)

Table 3. Ethnic Backgrounds of Visually Impaired Students in Mississippi, 1984-85

	Number	Percent
White	216	47.1
Black	206	44.7
Hispanic	1	.2
Not reported	37	8.0
Total	461	100.0

Table 4. Distribution of Visually Impaired Students in Mississippi by Type of Special Education Program, 1984-85

Type of Program	Number	Percent
Mississippi School for the Blind	124	26.9
State schools for the retarded	66	14.3
Public preschool	4	.9
Public schools--grades 1-12	265	57.5
Not reported	2	.4
Total	461	100.0

attended public schools, grades 1-12. The next most common type of placement for the students was the Mississippi School for the Blind (26.9 percent). However, a sizeable number of students with mental retardation attended, on a full-time basis, the state's residential schools for the retarded (14.3 percent).

In some counties, visually impaired students attend local public schools; whereas in other counties, children attend the Mississippi School for the Blind. This diversity may be attributable partly to local school philosophies and resources.

Table 5 lists the probable causes of visual loss among students reported to the Mississippi survey. The determination was made on the basis of authoritative opinions of eye practitioners as to the probable origin of the particular condition. Nystagmus and cataracts are the two largest reported causes of visual loss. Retrolental fibroplasia, poisoning from excessive oxygen at birth, accounted for twenty-four cases of visual impairment among the students. More adequate diagnoses and reporting are needed; unfortunately, many of these children are seen too late to establish a reliable diagnosis.

Table 5. Causes of Visual Loss among Visually Impaired Students in Mississippi, 1984-85

Cause	N	Cause	N
Cataracts	88	Retinal degeneration	8
Glaucoma	24	Amblyopia	21
Maternal rubella	13	Severe myopia	43
Retrolental fibroplasia	24	Microphthalmia	8
Optic nerve atrophy	48	Birth defect	7
Albinism	26	Retinoblastoma	4
Nystagmus	123	Congenital toxoplasmosis	6
Retinitis pigmentosa	14	Other	52
Macular degeneration	8	Not reported	6

For the vast majority of Mississippi's visually impaired students in special education, the onset of visual loss occurred at birth. Only eighteen students for whom this information was provided reported onset after the age of three. (See Table 6.)

Table 6. Age of Onset of Visual Loss for Visually Impaired Students in Mississippi, 1984-85

Age	Number	Percent
At birth	337	73.1
After birth through 3 years	17	3.7
4 years through 10 years	14	3.0
After 10 years	4	.9
Not reported	89	19.3
Total	461	100.0

A number of visually impaired students represented in the Mississippi survey were reported to have at least one other significant handicap. Table 7 shows the number of various handicapping conditions. The handicap most often reported was mental retardation (36 percent), a reflection of the significant participation in this project by programs serving multiply handicapped students.

It was possible on the survey form to report more than one additional handicap for each student, and some students were reported to have two or more additional handicapping conditions. (See Table 7.)

Table 7. Other Handicapping Conditions

Brain damaged	12	Mental retardation	84
Epilepsy	24	Behavioral impairments	8
Orthopedic disorders	11	Deaf	5
Cerebral palsy	20	Motor problems	3
Heart disorders	5	Microcephaly	5
Deaf-blind	32	Other	23

It is observed that for 94 students, the reported visual evaluation was made prior to 1980. (For all but 43 students the visual evaluation was made more than 12 months previously.) Only 43 students had had the visual evaluation done within the 12 previous months. (See Table 8.)

Table 8. Year of Last Visual Examination

Year	Number	Percent
1984	43	9.3
1983	95	20.6
1982	85	18.4
1981	68	14.8
1980	34	7.4
Prior to 1980	94	20.4
Not reported	42	9.1
Total	461	100.0

It is a generally accepted feeling on the part of professional personnel engaged in work with visually

impaired children that the visual status of the child should be reevaluated every six months and surely no less than once every twelve months. These findings indicate a possibility that greater attention needs to be paid to the frequency of visual evaluation.

It is observed that prognosis is stable or stationary in the case of 285 (61.8 percent) students. It is estimated that improvement can be expected in ten (2.2 percent), while deterioration is anticipated in thirty-three (7.2 percent).

The information in Table 9 needs to be considered and interpreted in terms of the information included in Table 8 regarding the date of visual evaluation. Obviously, current information on prognosis cannot be available when visual examinations are not up to date.

Table 9. Prognosis of Visual Conditions

	Number	Percent
Stable	285	61.8
Deteriorating	33	7.2
Uncertain	59	12.8
Improvable	10	3.3
Not reported	74	16.0
Total	461	100.0

In Table 10 it is noted that large print is the chief mode of reading among the students. Future analysis

of these data will compare discrepancies in modes of reading between public and residential school students with similar degrees of remaining vision. However, it is possible that selective factors which determine the placement of children may account for any differences. Another question to be answered is why do many students who read braille see as well as many others who read print?

Table 10. Mode of Reading

	Number	Percent
Braille	75	16.2
Large print	265	57.5
Nonreader or not in school	81	17.6
Not reported	40	8.7
Total	461	100.0

In Table 11 it should be noted that the visual acuity was recorded in the better eye after best correction by the examining eye practitioner. Standard definitions and recording practices were used in the large majority of cases; however, this was not true in some instances. Therefore, the mass of resultant data is included in Table 11 with limited interpretation. It was noted that in twenty-four instances the eye doctor was unable to measure or determine the visual acuity. In many such instances, this information was on the records of severely retarded students and probably reflected a communications barrier.

Table 11. Visual Acuity in the Better Eye After Correction

	Number
Totally blind	46
Light perception--hand movement	74
Count fingers	25
5/200 to count fingers	9
20/400 to 5/200	9
20/200	107
20/70 to 20/200	58
Better than 20/70	39
Blind	11
Less than 20/200	3
Unable to measure or determine	24
Not available or given	14

Mississippi Survey Data: A Look Forward

The preceding sections do not, of course, constitute a complete description of the data file from the Mississippi Survey, nor does this report begin to exhaust the rich possibilities for further analyses. Rather, the descriptions are intended to convey some important characteristics of this group of visually impaired students in Mississippi. A more detailed analysis of this survey data is available on request.

MISSISSIPPI SURVEY OF VISUALLY HANDICAPPED CHILDREN
AND YOUTH (birth-21 years of age)

*Confidential: All information which would permit identification of any individual or institution will be held strictly confidential and will be used for authorized purposes. These data will not be disclosed to others for any reason.

1. Student Identification Number: _____

2. Date of Birth: _____
Month Day Year

3. Sex: _____Male _____ Female

4. Present School or Agency: _____
Name of school or agency

_____
City

5. Ethnic Background: _____ White _____ Black

_____ Other (specify) _____

6. Cause of visual loss:

_____ Cataracts
_____ Glaucoma
_____ Diabetes
_____ Maternal rubella
_____ Retrolental fibroplasia (RLF)
_____ Optic nerve atrophy
_____ Albinism
_____ Nystagmus
_____ Retinitis pigmentosa
_____ Macular degeneration
_____ Retinal degeneration
_____ Amblyopia
_____ Other hereditary (specify) _____
_____ Injury or accident
_____ Other (specify) _____

7. What is the prognosis of visual impairment?

_____ Stable _____ Deteriorating

_____ Uncertain _____ Improvable

8. Degree of visual loss:

a. Date tested:

Month J F M A M J J A S O N D

Year 81 82 83 84

Other (specify) _____

b.

EYE VISION		PREVIOUS	NEW OR CURRENT
RIGHT O.D.	DISTANT		
	NEAR		
LEFT O.S.	DISTANT		
	NEAR		
BOTH O.U.	DISTANT		
	NEAR		

c. Field of Vision:

Right eye (O.D.)

_____ Normal _____ Restricted _____ Data not available

Left eye (O.S.)

_____ Normal _____ Restricted _____ Data not available

d. Does student wear corrective glasses or contact lens in at least one eye?

_____ Yes _____ No _____ Data not available

9. Age at onset of visual loss: _____

10. Is this child counted for federal funds:

_____ 94-142 _____ 89-313 _____ Other--Number _____

11. Are there additional educationally handicapping conditions other than visual impairment?

_____ Yes _____ No

If yes, mark all educationally significant additional handicaps.

_____Brain damage or injury
_____Epilepsy (convulsions disorders)
_____Orthopedic
_____Cerebral palsy
_____Heart disorder
_____Deaf-blind
_____Mental retardation
_____Behaviorally impaired
_____Specific learning disabilities
_____Deaf
_____Other (specify) _____

12. What are student's usual reading modes in school? (Mark all that apply.)

_____Not applicable--student non-reader or not in school
_____Braille
_____Large print
_____Recorded materials
_____Regular print
_____Other (specify) _____

13. Is this person currently listed on the regional or national deaf/blind registry?

_____Yes _____No

14. Other information:

_____

_____

_____

_____

*Under the Family Education Rights and Privacy Act of 1974 as amended, "prior consent for disclosure is not required for organizations conducting studies for, or on behalf of educational agencies or institutions for the purpose of . . . improving instruction, etc." (Federal Register, Vol. 41, No. 118, Thursday, June 17, 1976, p. 24673)

APPENDIX B

ON-SITE REVIEW OF PUBLIC SCHOOL PROGRAMS SERVING

VISUALLY IMPAIRED CHILDREN IN MISSISSIPPI

1. Type of Program:
   _____Special Class: Please describe_____
   _____Resource Room: Please describe_____
   _____Itinerant Program: Please describe_____
   _____Resource Room and Itinerant Program: Please describe_____
   _____Teacher Consultant: Please describe_____
   _____Other: Please describe_____

2. Degree of visual loss, usual reading modes, and other handicaps of visually impaired students in your school district. In the better eye after correction.

	No. of students	Braille	Large print	Other	Other Handicaps
Totally blind	____	____	____	____	_____
Light perception-hand movement	____	____	____	____	_____
Count fingers	____	____	____	____	_____
5/200 to count fingers	____	____	____	____	_____
20/400 to 5/200	____	____	____	____	_____
20/200	____	____	____	____	_____
20/70 to 20/200	____	____	____	____	_____
Better than 20/70	____	____	____	____	_____
Unable to measure or determine	____	____	____	____	_____

3. Record the number of visually impaired students served by grade levels:

   Pre-school _____
   Elementary (grades K to 6) _____
   Junior high (grades 7 and 8) _____
   Secondary (grades 9 to 12) _____
   Ungraded _____

4. Indicate the highest level of teacher training you had in the area of the visually impaired:

   1. _____ No formal special training
   2. _____ Some isolated course work _____number of hours; where?_____

3. _____ Bachelor's program in education of the visually impaired; where? _____
4. _____ Master's program in education of the visually impaired; where? _____
5. _____ Post-master's work in education of the visually impaired; where? _____

5. Other areas of related training. Circle as many as appropriate:

1. Learning disabilities
2. Emotionally disturbed
3. Mental retardation
4. Guidance and counseling
5. Deaf/blind
6. Orientation and mobility
7. Other. Please list: _____

6. a. Indicate number of years in teaching including the current year:
Part-time _____ Full-time _____
b. Indicate number of years teaching the visually impaired including the current year:
Part-time _____ Full-time _____

7. What is your official title?

_____

8. Personnel

_____ Teacher-consultant qualified to instruct visually impaired pupils.
_____ Orientation and mobility training specialist available.
_____ Regular administration and faculty oriented to work with visually impaired pupils.
_____ Pupil personnel staff (counselor, nurse, social worker, psychologist) capable of working with vision impaired pupils and with access to specialist consultation as needed.
_____ Service staff of school (secretarial, custodial, food services) acquainted with special considerations for visually impaired pupils.
_____ Braillists and readers to assist as needed.
_____ Volunteers and aides trained to work with visually impaired pupils.

Comments: _____

_____

_____

9. Pupils

_____ Student body oriented to visually impaired pupils.
_____ Seeing pupils assigned to participate in "buddy system" for travel, safety, and related activities with visually impaired pupils.
_____ Pupil-specific materials needed for day-to-day work (i.e., magnifiers, tape recorders, batteries, typewriters).
_____ Ready access to class-inclusion instructional materials such as talking books, brailled books, large type books, and voice response computers.

Comments: _____

_____

_____

10. Facilities and Arrangements

_____ Audible or tactual substitutes for visual signals were needed (i.e., texture footing changes at stairs and doorways, audible danger signs, brailled names on doors).
_____ Emergency local resource persons and materials (i.e., first aid, alarm) and their locations, if needed by visually impaired students, by teachers, or by support staff.
_____ Auditory alarm signs and procedure for fire and evacuation.
_____ Specialized vocational training.
_____ Adaptive physical education.
_____ Specialized vocational training.

Comments: _____

_____

_____

11. Continuing Education

_____ Annual inservice update for faculty and support staff developments in visual handicapped.
_____ Special orientation on call for new or substitute faculty or support staff in visual handicaps.

Comments: _____

_____

_____

12. Materials/Equipment Checklist

Partially Seeing Students	Blind Students
PAPER	
____Bold line paper	____Braille transcription paper
____Raised line paper	____Graph paper
____Non-glare paper	____Raised line paper
BOOKS	
____Regular print	____Braille books
____Recorded books	____Recorded books
____Cassette	____Cassette
____Reel	____Reel
____Discs/Records	____Discs/Records
____Large Print	
EQUIPMENT	
____Tape recorder	____Tape recorder
____Cassette	____Cassette
____Reel-to-Reel	____Reel-to-Reel
____Typewriter (large or regular type)	____Typewriter
____Adjustable top desks; desk top	____Braillewriter (6-key machine that "types" braille)
____Magnification devices (low vision aids)	____Slate and stylus (for writing braille)
____Lamps	____Abacus
____Closed circuit T.V. system (enlarges standard point)	____Braille rulers
	____Braille erasers
	____Talking calculator (calculator with audio output)
____Visual Tek	
____Large print micro computers	
____Micro computers with speech synthesizers	
OTHER	
____Large print maps	____Braille labeler
____Relief models	____Swail dot inverter (for making raised dot drawings)
____Raised line drawing kit	____Raised line drawing kit
____Writing guides (helps person write on line)	____Braille maps and globes
	____Relief models
	____Optacon (electronic device that enables blind persons to read print)
	____Writing guides (helps person write on lines)

Comments: _____

APPENDIX C--PROGRAMS OFFERED BY THE MISSISSIPPI SCHOOL FOR THE BLIND FROM 1973 TO 1984

School Year	Elementary	Junior/Senior High School	Multihandicapped	Title I--Preschool Homebound	Title XX--School Social work	Title XX--Social work/Homebound	Total Served--Excluding any program/student overlaps	Number Served on Campus	Number Served off Campus	Received High School Diploma	Received Special Education Certificate	Total
1983-1984	43	41	19	25	--	--	128	103	25	4	1	5
1982-1983	46	48	22	35	--	--	151	116	35	12	1	13
1981-1982	45	61	22	35	53	--	163	128	35	6	6	6
1980-1981	43	60	23	38	55	--	164	126	38	7	1	8
1979-1980	62	51	20	55	55	--	188	133	55	6	2	8
1978-1979	63	54	18	40	--	66	229	135	94	5	-	5
1977-1978	58	55	13	43	--	90	250	131	119	3	4	7
1976-1977	73	59	9	60	--	59	251	140	111	6	5	11
1975-1976	91	47	--	52	--	27	197	139	59	5	3	8
1974-1975	80	63	--	--	--	--	143	143	--	9	9	18
1973-1974 Segregated schools							146	146				11
Capers Ave. School (Black)							77			5	-	5
Eastover Drive School (White)							69			6	-	6

APPENDIX D

SURVEY OF MISSISSIPPI VOCATIONAL REHABILITATION

FOR THE BLIND COUNSELORS

Directions: This survey is designed to assist in gathering information on the transition from school to work for visually impaired students. This information will be used in making recommendations to the governor through the project entitled Statewide Comprehensive Planning for the Blind and Visually Handicapped. Please fill out this information as completely as possible. Your assistance is appreciated.

Your name: _____ Counties served: _____

Date: _____

1. Numbers of visually impaired adolescents and young adults.

   a. How many visually impaired persons ages 15-24 are on your case load?

      _____

   b. How many of these are presently in:

      _____ a public school program

      _____ Mississippi School for the Blind

      _____ Of those in the public school, how many are involved in vocational education programs?

      Indicate type of program and numbers.

TYPE PROGRAM	NUMBER
_____	_____
_____	_____
_____	_____
_____	_____

   c. How many are enrolled in a junior college? _____

      Of these, indicate type of program: e.g., adult education, academic transfer program, one-year vocational program (indicate type), and two-year vocational-technical program (indicate type)

TYPE PROGRAM	NUMBER
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

d. How many are involved in four year or graduate degree programs at universities? _____

Of these indicate number by type of program (e.g., major)

TYPE PROGRAM	NUMBER
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Support services and recommendations

a. What are the major needs you see concerning transition from school to work in public schools?

_____

_____

_____

Mississippi School for the Blind _____

_____

_____

What recommendations would you make to deal with these problems?

_____

_____

_____

b. What are the major needs you see related to vocational and academic training in junior colleges?

_____

_____

What recommendations would you make to deal with these needs?

_____

_____

c. What are major needs you see related to university training?

_____

_____

_____

What recommendations would you make to deal with these needs?

_____

_____

_____

APPENDIX E

POST-SECONDARY SERVICES FOR VISUALLY IMPAIRED STUDENTS

STATE SURVEY

Name: _____ Date: _____

Position: _____

School: _____

Address: _____

Phone: _____

- -

Directions:

This survey is intended to gather information concerning support services in junior colleges and post-secondary vocational technical schools in Mississippi for visually impaired students. Your assistance in providing this information is appreciated.

A. Needs and problems for visually impaired. What do you see as the most prevalent needs and problems encountered by visually impaired students?

_____

_____

_____

_____

B. Numbers of visually impaired.

Please indicate below the number of visually impaired students by program areas:

Program	Blind	Partially Sighted
1. Adult Education		
2. Transfer academic program		
3. Vocational program (one year) (Write in type of program)		
a.		

Program	Blind	Partially Sighted
b.		
c.		
d.		
e.		
4. Vocational-technical Program (two year) (Write in type of program)		
a.		
b.		
c.		
d.		
e.		
f.		
g.		
TOTAL		

C. Accommodations and support services

1. Is a member of your staff assigned responsibilities for assisting visually impaired and other handicapped students?

____ Yes ____ No

If so, who? Name: _____

Address: _____

Phone: _____

2. Please indicate below the types of support services provided for visually impaired and other disabled students. Provide additional appropriate comments.

____ Outreach: A specific effort to locate and recruit appropriate visually handicapped students.

Comments: _____

____ Personal counseling. Comments: _____

_____

____ Vocational and career counseling. Comments:

_____

____ Visually impaired persons. Comments:

_____

____ Vocational assessment. Vocational testing that will assist in matching handicapped students with appropriate training.

_____

_____

_____

____ Adaptive aids. Availability of assistive devices that may help students succeed in school. Check those that are available.

____ Closed-circuit television magnifiers for partially sighted (such as Visualtek, Apollo, etc.)

____ Micro computers with speech synthesizers

____ Large print micro computers

____ Assistance in obtaining braille or taped textbooks and other classroom materials.

____ Consultation concerning use of adaptive aids

_____

_____

_____

____ Consultation with instructors concerning appropriate adapted instructional and testing procedures; e.g., consultation with science instructors in methods and materials useful for teaching blind students science. Comments:

_____

_____

_____

Do you believe that accommodations and support services listed above need to be improved for visually impaired persons?

____ Yes ____ No

If so, circle spaces above of those most needed.

D. Staff Training

1. What do you see as major problems encountered by instructors in dealing with visually impaired students?

_____

_____

_____

2. Do administrative staff, counselors, and instructors need additional training in accommodating visually handicapped persons?

____ Yes ____ No

3. Indicate below greatest training needs related to visually impaired persons.

____ Information about visual impairment

____ Information about other handicapping conditions

____ Adapting instruction for visually handicapped students

____ Adaptive aids and devices for visually impaired

____ Career and vocational counseling with visually handicapped students

____ Personal counseling with visually handicapped students

____ Information about Mississippi Vocational Rehabilitation for the Blind and other agencies that assist visually impaired persons

____ Other: _____

Comments: _____

_____

_____

____ Orientation and Mobility Training (Services to help visually impaired learn their way around campus and community independently). Comments:

_____

_____

____ Readers for blind. Available through

____ Lions Clubs ____ Other community organizations

Specify: _____

_____

____ Support services

____ Tutoring: _____

____ Test taking: _____

____ Financial aid: _____

____ Student organization for visually impaired and other handicapped students:

_____

____ Transportation assistance (e.g., special college van, Pilot Club, etc.) Specify:

_____

_____

____ Volunteer organizations assisting with visually impaired. Name organizations and describe services provided.

Organization	Services
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

____ Accessibility: To what degree is the school accessible to various handicapped students Comments:

_____

_____

_____

_____

APPENDIX F. ADVOCACY SERVICES FOR VISUALLY IMPAIRED CITIZENS OF MISSISSIPPI

Service	Service Area	Eligibility	Funding	Telephone Number
1. MS Legal Services Coalition	Statewide	Below poverty level	Federal	944-0765
2. American Civil Liberties Union	Statewide	Anyone with violation of constitutional rights	Contributions	355-6464
3. Children's Defense Fund	Statewide	Poor and/or handicapped children	Foundations	355-7495
4. MS Protection and Advocacy Agency	Statewide	Developmental disabled individuals	Federal	1-800-772-4057
5. Association of Developmental Organizations of MS	Statewide	Advocates for the handicapped	Memberships, Grant	373-0948
6. MS Council of the Blind	Statewide	Voting age state resident; $5.00 dues	Dues	981-8207
7. MS Association of Workers for the Blind	Statewide	$30.00 dues	Dues	693-6568 or 773-5451
8. Client Assistance Program for the Blind	Statewide	Blind and visually impaired	Federal	1-800-682-5349
9. Governor's Office of Handicapped Services	Statewide	Anyone	State Federal	354-7745
10. Governor's Service Line	Statewide	Anyone	State Federal	1-800-222-7622
11. Mississippi Coalition for Mothers and Babies	Statewide	Maternal and child advocates	Memberships	981-2397
12. American Academy of Pediatrics MS Chapter	Statewide	Child advocates	Grant	987-3829

13. Members of the State Legislature	State	State residents	State tax
14. Board of Supervisors	County	County residents	County tax
15. City Council Members	City	City residents	Local tax

NATIONAL ADVOCACY SERVICES FOR THE VISUALLY IMPAIRED

Service	Address	Telephone Number
1. American Council for the Blind	1211 Connecticut Ave., N.W., Washington, D.C. 20036	202-833-1251
2. American Foundation for the Blind	15 West 16th St., New York, N.Y. 10011	212-620-2000
3. Blinded Veterans Association	1735 DeSales St., N.W., Washington, D.C. 20036	501-278-5170
4. Affiliated Leadership League of and for the Blind of America	879 Park Avenue, Baltimore, MD 21201	301-752-4230
5. National Federation of the Blind	1800 Johnson St., Baltimore, MD 21230	301-659-9314
6. National Association for the Deaf - Blind	2703 Forest Oak Circle, Norman, OK 73071	405-360-2580
7. Jewish Guild for the Blind	15 West 65th St., New York, N.Y. 10023	212-595-2000

APPENDIX G. HEALTH SERVICES FOR VISUALLY IMPAIRED CITIZENS OF MISSISSIPPI

Service	Service Area	Eligibility	Funding	Recommendations
1. MS State Dept. of Health				
Vision screening, treatment and glasses	Statewide (in all county health depts.)	Children (0-18 yrs.) Infants (0-1½ yrs.)	Medicaid State funds	Funding needed for full physical exams for all children below 125% poverty level
Children's Medical Program Glaucoma surgery; treatment for ptosis, cataract, Strabismus	Statewide	Children (0-18 yrs) below poverty level	MCH Block	Reinstate opthalmology diagnostic services for all poor children
Adult Vision Conservation Program Glaucoma screenings, diagnosis and treatment for many eye diseases	Greenville Pascagoula and surrounding counties	Sliding fee scale; free below poverty	Third-party earnings	
Home Health	Statewide	Homebound and in need of intermittent skilled nursing care	Medicare Medicaid	
Emergency Medical Service	Statewide	Ambulance, paramedics	Federal, fees	
2. Medicaid Medical payment	Statewide	a. SSI Income-eligible and severe vision impairment b. All AFDC children	Federal	Add children of the married poor by funding state-legislated eligibility
3. Medicare Medical payment	Statewide	On Social Security disability for 2 years or over age 65	Federal	
4. State Hospital Commission $65/day/inpatient hospital costs	Statewide	Below povery level income	State	Match with federal funds to maximize
5. Hill Burton Program Some free inpatient care; Hospital access for emergencies	Approximately 70 hospitals which received federal construction funds	Below poverty level; apply at any hospital	Hospital funds	

6.	Lions Clubs Glasses	Statewide by local club	Low income	Contributions	
7.	State Dept. Education Special Education Visual Evaluation	Statewide by local schools	School age	Federal	
8.	State Medical Assn. Listing of all opthalmologists	Statewide	Anyone		
9.	Community Health Centers Primary health care diagnosis and greatment	Selected	Sliding fee scale		Contact Miss. Health Care Commission for full listing
10.	Charity Hospitals	Meridian, Laurel, Vicksburg	Low income	State	
11.	University Medical Center Opthalmology clinic, Eye Bank, hospital service, Child Development Clinic	Statewide	Universal access	Fees State	
12.	Miss. School for the Blind Evaluation, diagnosis	Statewide	Visual acuity less than 50% of normal	State Federal	
13.	Rehabilitation Center for the Blind (Abbie McBride) Medical evaluation	Statewide	Accepted for vocational rehabilitation for the blind	State Federal	
14.	Regional Rehabilitation Center, Services for the Blind Vision screening, therapy	Tupelo area (ten counties in N.E. Mississippi		Contributions Vocational Rehabilitation	
15.	Vocational Rehabilitation for the Blind Surgery, hospitalization, prothesis, drugs, therapy, medical consultation	Statewide	Disability that is substantial handicap to employment	Federal, state	
16.	National Society to Prevent Blindness Preschool vision screening (training); glaucoma testing	Statewide	General public	Contributions	

APPENDIX G (continued)

Service	Service Area	Eligibility	Funding	Recommendations
17. Head Start Vision screening, treatment	Statewide	Poor children to age 5	Federal	
18. Mississippi Resource Access Project Technical assistance	Head Start Agencies	Preschool handicapped children	Federal	
19. Telephone Pioneers of America Glaucoma screening; vision screening	Statewide	Based on need		
20. Governor's Office of Handicapped Services Referral and information	Statewide	Anyone	State	
21. March of Dimes Medical services, medicine and needed equipment	Statewide	Child with birth defect		
22. Easter Seal Information and referral, evaluation, transportation	Statewide	Physically disabled	Contributions	
23. Veterans Administration Hospitalization, outpatient medical care	Statewide	Veterans	Federal	